BOPUK 531.01 \* INMATE HISTORY \* 09-08-2006 PAGE 001 \* WRK DETAIL \* 07:45:01

REG NO.:: 51627-060 NAME...: SIGGERS, KEVIN LAMAR CATEGORY: WRK FUNCTION: PRT FORMAT:

FCL	ASSIGNMENT	DESCRIPTION	START DATE	/TIME	STOP DATE	/TIME
MCK MCK	I CABLE 1 I MILL 1	CABLE 1 MILL 1	06-19-2006 09-28-2005		CURRENT 06-19-2006	0001
MCK	VACATION	VACATION	09-26-2005	0001	09-28-2005	0001
MCK	I MILL 1	MILL 1	07-27-2005	0001	09-26-2005	0001
MCK	VACATION	VACATION	07-26-2005	0001	07-27-2005	0001
MCK	I MILL 1	MILL 1	05-05-2005	0001	07-26-2005	0001
MCK	I PROD.1	PRODUCTION 1	02-12-2005	0001	05-05-2005	0001
MCK	VACATION	VACATION	02-10-2005	0001	02-12-2005	0001
MCK	I PROD.1	PRODUCTION 1	09-28-2004	0001	02-10-2005	0001
MCK	VACATION	VACATION	09-24-2004	0001	09-28-2004	0001
MCK	I PROD.1	PRODUCTION 1	02-28-2004	0001	09-24-2004	0001
MCK	IDLE	IDLE	02-26-2004	0800	02-28-2004	0001
MCK	I PROD.1	PRODUCTION 1	01-12-2004	0001	02-26-2004	0800
MCK	UNASSG	UNASSIGNED	12-23-2003	1021	01-12-2004	0001
MCK	SHU UNASSG	SHU UNASSIGNED	11-18-2003	1200	12-23-2003	1021
MCK	I MILL 1	MILL 1	03-14-2003	0001	11-18-2003	1200
MCK	IDLE	IDLE	03-12-2003	0707	03-14-2003	0001
MCK	I MILL 1	MILL 1	02-04-2003	0001	03-12-2003	0707
MCK	IDLE	IDLE	02-03-2003	0649	02-04-2003	0001
MCK	I MILL 1	MILL 1	11-24-2001	0001	02-03-2003	0649
MCK	VACATION	VACATION	11-23-2001	0001	11-24-2001	0001
MCK	I MILL 1	MILL 1	09-10-2001	0001	11-23-2001	0001
MCK	IDLE	IDLE	09-07-2001	0853	09-10-2001	0001
MCK	I MILL 1	MILL 1	08-24-2001	0001	09-07-2001	0853
MCK	I PROD.1	PRODUCTION 1	06-22-2001	0001	08-24-2001	0001
MCK	UNASSG	UNASSIGNED	06-20-2001	1123	06-22-2001	0001
MCK	SHU UNASSG	SHU UNASSIGNED	05-24-2001	0826	06-20-2001	1123
MCK	I PROD.1	PRODUCTION 1	03-06-2001	0001	05-24-2001	0826
MCK	I MILL 1	MILL 1	01-10-2001	0001	03-06-2001	0001

MCK	UNASSG	UNASSIGNED	01-09-2001	1000	01-10-2001	0001
MCK	SHU UNASSG	SHU UNASSIGNED	12-21-2000	1059	01-09-2001	1000
MCK	I MILL 1	MILL 1	09-20-2000	0001	12-21-2000	1059
MCK	I PROD.1	PRODUCTION 1	08-17-2000	0001	09-20-2000	0001
MCK	IDLE	IDLE	08-15-2000	0834	08-17-2000	0001
MCK	I PROD.1	PRODUCTION 1	06-29-2000	0001	08-15-2000	0834
MCK	KITCHEN AM	KITCHEN AM	02-15-2000	1421	06-29-2000	0001
MCK	DIN RM AM	DINING ROOM AM	12-31-1999	0001	02-15-2000	1421
MCK	CONV	CONVALESCENT	12-27-1999	0839	12-31-1999	0001
MCK	DIN RM AM	DINING ROOM AM	12-17-1999	0001	12-27-1999	0839
MCK	IDLE	IDLE	12-16-1999	0826	12-17-1999	0001
MCK	DIN RM AM	DINING ROOM AM	11-19-1999	1007	12-16-1999	0826

G0002 MORE PAGES TO FOLLOW . . .

BOPUK 531.01 \* INMATE HISTORY \* 09-08-2006 PAGE 002 OF 002 \* WRK DETAIL \* 07:45:01

REG NO.: 51627-060 NAME...: SIGGERS, KEVIN LAMAR CATEGORY: WRK FUNCTION: PRT FORMAT:

FCL	ASSIGNMENT	DESCRIPTION	START DAT	E/TIME	STOP	DATE	TIME
MCK	FD SVC	FOOD SERVICE	11-18-199	9 0001	11-19-	-1999	1007
MCK	UNASSG	UNASSIGNED	11-09-199	9 1110	11-18-	-1999	0001
MCK	SHU UNASSG	SHU UNASSIGNED	09-29-199	9 2320	11-09-	-1999	1110
MCK	I ASEMBLY1	ASSEMBLY 1	09-28-199	9 0001	09-29-	-1999	2320
MCK	VACATION	VACATION	09-27-199	9 0001	09-28-	-1999	0001
MCK	I ASEMBLY1	ASSEMBLY 1	06-09-199	9 0001	09-27-	-1999	0001
MCK	IDLE	IDLE	06-08-199	9 0958	06-09-	-1999	0001
MCK	I ASEMBLY1	ASSEMBLY 1	05-25-199	9 0001	06-08-	-1999	0958

MCK	I LAYUP 1	LAYUP 1	04-13-1999 1304 05-25-1999 0001	4-13-1999 1304	001
MCK	LAYUP 1	LAYUP 1	03-23-1999 0001 04-13-1999 1304	3-23-1999 0001	304
MCK	KITCHEN AM	KITCHEN AM	01-14-1999 0001 03-23-1999 0001	1-14-1999 0001	001
MCK	IDLE	IDLE	01-13-1999 0716 01-14-1999 0001	1-13-1999 0716	001
MCK	KITCHEN AM	KITCHEN AM	12-02-1998 0001 01-13-1999 0716	2-02-1998 0001	716
MCK	DIN RM AM	DINING ROOM AM	11-20-1998 1348 12-02-1998 0001	1-20-1998 1348	001
MCK	FD SVC	FOOD SERVICE	11-19-1998 0001 11-20-1998 1348	1-19-1998 0001	348
MCK	LAND IN 1	INSIDE LANDSCAPE FULL-TIME	11-05-1998 0001 11-19-1998 0001	1-05-1998 0001	001
MCK	LAND IN 2	INSIDE LANDSCAPE FULL-TIME	11-04-1998 0001 11-05-1998 0001	1-04-1998 0001	001
MCK	FACL	FACILITIES OFFICE	11-03-1998 0001 11-04-1998 0001	1-03-1998 0001	001
MCK	UNASSG	UNASSIGNED	10-28-1998 0001 11-03-1998 0001	0-28-1998 0001	001
MCK	A&O	ADMISSION & ORIENTATION	10-21-1998 1015 10-28-1998 0001	0-21-1998 1015	001
LEW	UNASSG	UNASSIGNED WORK DETAIL	10-13-1998 1921 10-21-1998 0516	0-13-1998 1921	516
OKL	UNASSG	UNASSIGNED HOLDOVER	09-23-1998 1800 10-13-1998 0830	9-23-1998 1800	330
ATL	UNASSG	UNASSIGNED WORK DETAIL	05-06-1998 0050 05-06-1998 0818	5-06-1998 0050	318
OKL	UNASSG	UNASSIGNED HOLDOVER	05-01-1998 1915 05-05-1998 0830	5-01-1998 1915	330
RCH	UNASSG	UNASSIGNED WORK DETAIL	03-26-1998 1851 05-01-1998 1508	3-26-1998 1851	808
OKL	UNASSG	UNASSIGNED HOLDOVER	03-18-1998 1815 03-26-1998 0920	3-18-1998 1815	920

BOPUK 540\*23 \* SENTENCE MONITORING \* 09-13-2006 PAGE 001 \* COMPUTATION DATA \* 09:47:20 AS OF 09-13-2006

REGNO..: 51627-060 NAME: SIGGERS, KEVIN LAMAR

FBI NO..... 240532MA5 DATE OF BIRTH: 08-22-1970

ARS1..... MCK/A-DES

UNIT..... C QUARTERS....: C03-129L

DETAINERS.....: NO NOTIFICATIONS: NO

PRE-RELEASE PREPARATION DATE: 12-18-2006

THE FOLLOWING SENTENCE DATA IS FOR THE INMATE'S CURRENT COMMITMENT.

THE INMATE IS PROJECTED FOR RELEASE: 06-18-2007 VIA GCT REL

----- URRENT JUDGMENT/WARRANT NO: 030 ------

COURT OF JURISDICTION..... OHIO, NORTHERN DISTRICT

HOW COMMITTED..... US DISTRICT COURT COMMITMENT

PROBATION IMPOSED..... NO

FELONY ASSESS MISDMNR ASSESS FINES COSTS NON-COMMITTED:: \$200.00 \$00.00 \$00.00

RESTITUTION...: PROPERTY: NO SERVICES: NO AMOUNT: \$1,268.00

-----CURRENT OBLIGATION NO: 010 -----

OFFENSE CODE....: 554

OFF/CHG: 18:2113(A)&(D) - ARMED BANK ROBBERY

SENTENCE PROCEDURE...... 3559 PLRA SENTENCE

SENTENCE IMPOSED/TIME TO SERVE:: 57 MONTHS
TERM OF SUPERVISION....: 5 YEARS
CLASS OF OFFENSE....: CLASS B FELONY
DATE OF OFFENSE....: 10-08-1997

G0002

SENTENCE MONITORING 09-13-2006 BOPUK 540\*23 \* PAGE 002 COMPUTATION DATA 09:47:20 AS OF 09-13-2006 REGNO..: 51627-060 NAME: SIGGERS, KEVIN LAMAR -----CURRENT OBLIGATION NO: 020 ------OFFENSE CODE...: 130 OFF/CHG: 18:924(C)(1) - USE OF A FIREARM DURING A CRIME OF VIOLENCE SENTENCE PROCEDURE..... 3559 PLRA SENTENCE SENTENCE IMPOSED/TIME TO SERVE.: 60 MONTHS TERM OF SUPERVISION....: 5 YEARS CLASS OF OFFENSE..... CLASS C FELONY RELATIONSHIP OF THIS OBLIGATION TO OTHERS FOR THE OFFENDER....: CONSECUTIVE DATE OF OFFENSE..... 10-08-1997 -----CURRENT COMPUTATION NO: 030 -----COMPUTATION 030 WAS LAST UPDATED ON 10-27-1999 AT MCK AUTOMATICALLY THE FOLLOWING JUDGMENTS, WARRANTS AND OBLIGATIONS ARE INCLUDED IN CURRENT COMPUTATION 030: 030 010, 030 020

DATE COMPUTATION BEGAN..... 08-05-1998

AGGREGATED SENTENCE PROCEDURE...: AGGREGATE GROUP 800 PLRA

TOTAL TERM IN EFFECT..... 117 MONTHS

9 MONTHS

TOTAL TERM IN EFFECT CONVERTED..: 9 YEARS AGGREGATED TERM OF SUPERVISION..: 5 YEARS EARLIEST DATE OF OFFENSE.....: 10-08-1997

JAIL CREDIT....: FROM DATE THRU DATE

10-14-1997 08-04-1998

MCK2G 531.01 \* INMATE HISTORY \* 08-30-2006
PAGE 001 \* WRK DETAIL \* 15:00:43

REG NO.:: 51627-060 NAME...: SIGGERS, KEVIN LAMAR CATEGORY: WRK FUNCTION: PRT FORMAT:

FCL	ASSIGNMENT	DESCRIPTION	START DATE	TIME	STOP DATE,	TIME
MCK	I CABLE 1	CABLE 1	06-19-2006	0001	CURRENT	
MCK	I MILL 1	MILL 1	09-28-2005	0001	06-19-2006	0001
MCK	VACATION	VACATION	09-26-2005	0001	09-28-2005	0001
MCK	I MILL 1	MILL 1	07-27-2005	0001	09-26-2005	0001
MCK	VACATION	VACATION	07-26-2005	0001	07-27-2005	0001
MCK	I MILL 1	MILL 1	05-05-2005	0001	07-26-2005	0001
MCK	I PROD.1	PRODUCTION 1	02-12-2005	0001	05-05-2005	0001
MCK	VACATION	VACATION	02-10-2005	0001	02-12-2005	0001
MCK	I PROD.1	PRODUCTION 1	09-28-2004	0001	02-10-2005	0001
MCK	VACATION	VACATION	09-24-2004	0001	09-28-2004	0001
MCK	I PROD.1	PRODUCTION 1	02-28-2004	0001	09-24-2004	0001
MCK	IDLE	IDLE	02-26-2004	0800	02-28-2004	0001
MCK	I PROD.1	PRODUCTION 1	01-12-2004	0001	02-26-2004	0800
MCK	UNASSG	UNASSIGNED	12-23-2003	1021	01-12-2004	0001
MCK	SHU UNASSG	SHU UNASSIGNED	11-18-2003	1200	12-23-2003	1021
MCK	I MILL 1	MILL 1	03-14-2003	0001	11-18-2003	1200
MCK	IDLE	IDLE	03-12-2003	0707	03-14-2003	0001
MCK	I MILL 1	MILL 1	02-04-2003	0001	03-12-2003	0707
MCK	IDLE	IDLE	02-03-2003	0649	02-04-2003	0001
MCK	I MILL 1	MILL 1	11-24-2001	0001	02-03-2003	0649
MCK	VACATION	VACATION	11-23-2001	0001	11-24-2001	0001
MCK	I MILL 1	MILL 1	09-10-2001	0001	11-23-2001	0001
MCK	IDLE	IDLE	09-07-2001	0853	09-10-2001	0001
MCK	I MILL 1	MILL 1	08-24-2001	0001	09-07-2001	0853
MCK	I PROD.1	PRODUCTION 1	06-22-2001	0001	08-24-2001	0001
MCK	UNASSG	UNASSIGNED	06-20-2001	1123	06-22-2001	0001
MCK	SHU UNASSG	SHU UNASSIGNED	05-24-2001	0826	06-20-2001	1123
MCK	I PROD.1	PRODUCTION 1	03-06-2001	0001	05-24-2001	0826
MCK	I MILL 1	MILL 1	01-10-2001	0001	03-06-2001	0001
MCK	UNASSG	UNASSIGNED	01-09-2001	1000	01-10-2001	0001
MCK	SHU UNASSG	SHU UNASSIGNED	12-21-2000	1059	01-09-2001	1000
MCK	I MILL 1	MILL 1	09-20-2000	0001	12-21-2000	1059
MCK	I PROD.1	PRODUCTION 1	08-17-2000	0001	09-20-2000	0001
MCK	IDLE	IDLE	08-15-2000	0834	08-17-2000	0001
MCK	I PROD.1	PRODUCTION 1	06-29-2000	0001	08-15-2000	0834
MCK	KITCHEN AM	KITCHEN AM	02-15-2000	1421	06-29-2000	0001
MCK	DIN RM AM	DINING ROOM AM	12-31-1999	0001	02-15-2000	1421
MCK	CONV	CONVALESCENT	12-27-1999	0839	12-31-1999	0001
MCK	DIN RM AM	DINING ROOM AM	12-17-1999	0001	12-27-1999	0839
MCK	IDLE	IDLE	12-16-1999	0826	12-17-1999	0001
MCK	DIN RM AM	DINING ROOM AM	11-19-1999	1007	12-16-1999	0826

G0002 MORE PAGES TO FOLLOW . . .

MCK2G 531.01 \* INMATE HISTORY \* 08-30-2006 PAGE 002 OF 002 \* WRK DETAIL \* 15:00:43

REG NO..: 51627-060 NAME....: SIGGERS, KEVIN LAMAR CATEGORY: WRK FUNCTION: PRT FORMAT:

FCL	ASSIGNMENT	DESCRIPTION	START DATE/	TIME	STOP DATE	/TIME
MCK	FD SVC	FOOD SERVICE	11-18-1999	0001	11-19-1999	1007
MCK	UNASSG	UNASSIGNED	11-09-1999	1110	11-18-1999	0001
MCK	SHU UNASSG	SHU UNASSIGNED	09-29-1999	2320	11-09-1999	1110
MCK	I ASEMBLY1	ASSEMBLY 1	09-28-1999	0001	09-29-1999	2320
MCK	VACATION	VACATION	09-27-1999	0001	09-28-1999	0001
MCK	I ASEMBLY1	ASSEMBLY 1	06-09-1999	0001	09-27-1999	0001
MCK	IDLE	IDLE	06-08-1999	0958	06-09-1999	0001
MCK	I ASEMBLY1	ASSEMBLY 1	05-25-1999	0001	06-08-1999	0958
MCK	I LAYUP 1	LAYUP 1	04-13-1999	1304	05-25-1999	0001
MCK	LAYUP 1	LAYUP 1	03-23-1999	0001	04-13-1999	1304
MCK	KITCHEN AM	KITCHEN AM	01-14-1999	0001	03-23-1999	0001
MCK	IDLE	IDLE	01-13-1999	0716	01-14-1999	0001
MCK	KITCHEN AM	KITCHEN AM	12-02-1998	0001	01-13-1999	0716
MCK	DIN RM AM	DINING ROOM AM	11-20-1998	1348	12-02-1998	0001
MCK	FD SVC	FOOD SERVICE	11-19-1998	0001	11-20-1998	1348
MCK	LAND IN 1	INSIDE LANDSCAPE FULL-TIME	11-05-1998	0001	11-19-1998	0001
MCK	LAND IN 2	INSIDE LANDSCAPE FULL-TIME	11-04-1998	0001	11-05-1998	0001
MCK	FACL	FACILITIES OFFICE	11-03-1998	0001	11-04-1998	0001
MCK	UNASSG	UNASSIGNED	10-28-1998	0001	11-03-1998	0001
MCK	A&O	ADMISSION & ORIENTATION	10-21-1998	1015	10-28-1998	0001
LEW	UNASSG	UNASSIGNED WORK DETAIL	10-13-1998	1921	10-21-1998	0516
OKL	UNASSG	UNASSIGNED HOLDOVER	09-23-1998	1800	10-13-1998	0830
ATL	UNASSG	UNASSIGNED WORK DETAIL	05-06-1998	0050	05-06-1998	0818
OKL	UNASSG	UNASSIGNED HOLDOVER	05-01-1998	1915	05-05-1998	0830
RCH	UNASSG	UNASSIGNED WORK DETAIL	03-26-1998	1851	05-01-1998	1508
OKL	UNASSG	UNASSIGNED HOLDOVER	03-18-1998	1815	03-26-1998	0920

G0000 TRANSACTION SUCCESSFULLY COMPLETED

UNICOR Federal Prison Industries, Inc.	ndustrial Employment/IPRS Action Report
1. Type of Report: UI	NICOR Action = 1 IPRS Action = 2 Both = 3
<b>9</b>   Er	nter 1 For Newly Hired, Complete Items 3, 4-6, 13-21, 24, and 26 nter 2 For Change In Employment Status, Complete Items 4-21, and 26 nter 3 For Termination Of Employment, Complete Items 3, 4-12, 19-23, 26
Er	nter 2 For Enrollment, Complete Items 4-6, 19 nter 3 For Completion, Complete Items 4-6, 19 nter 4 For Withdrawal, Complete Items 4-6, 19, 22
4. Register Number  5 1 6 2 7 0 6 0 S I	5. Resident Name (Last, First, Middle)  6. Institution Code  2 3 1
Number 1 - 4 Code  C 1 2 2 MCFT  To:  13. Job 14. Grade 15. Industry 16 Number 1 - 4 Code  19. Effective Date 20. Till Month, Day, Year	1
1 = Released 2 = Transfe 5 = Program Discontinued 23. Continuation of Longevity 1 = yes 0 = no 2 = no	erred 3 = Program Change 4 = Inmate Request 6 = Control Purposes 7 = Institutional Needs
24. Date	e Of Enrollment Month, Day, Year
25. Total Inmate	e Hours Involved
26. <b>Signatures:</b> Recommended By  Approved By  Approved By  Entered On Payroll Records	Foreman Date:

FPI Form 96 (9/98)

in partition

114.00

FPI Form 96 (9/98)

Inmate's Name: <u>Kevin Siggers</u>	Register Number: 51627-060
Institution Code: 231	Industry Code:MCFT
Job Description: <u>Industrial Cleaner</u>	Department: Production
Loads dumpsters and removes trash from th	reas including loading platform and outside rear of factory. roughout the factory. Removes off-fall from panel saws and nclude snow removal and material recycle. All other duties as
I have instructed inmate <u>Kevin</u>	Siggers Reg. No. 51627-060
in the proper procedures in which	to implement his assigned work detail, which
includes standard maintenance, sa	fety procedures, and routine use.
Chula Mal	4-27-01
Foreman	Date
I have received proper instruction	on on how to implement my job assignment. If
have any problem with implementin	g my assigned job, I am instructed to contact
my foreman immediately	
All the des	5/627660 4-26-01
Signature of Inmate	Register Number Date

Inmate's Name: SIG	GERS, KEVIN	Register Numb	per:51627-060
Institution Code:	231	Industry Code	
		<del>-</del> .	
Job Description: Bor	ing Machine Operator (1	Hori 1) Departm	ent: Assembly 1
		· · · · · · · · · · · · · · · · · · ·	
			lles boring machine. Bores
notes in taminated particles duties as assigned in UNIC	board. responsible for the OR	e quantity and quality of a	ll parts produced. All other
9,11 11 01,120	O1t.		
			•
I have instructed inm	ate <u>SIGGERS</u>	Reg. No	o. <u>51627-060</u> ir
the proper procedure	s in which to imp	lement his assigne	d work detail, which
includes standard mai	ntenance cafety	rocedures and rous	tine use
morado boditadia mai	incentance, salety i	oroccaures, and roa	cinc usc.
Chal, - Ml		<u>.</u>	JULY 13, 1999
roreman			Date
have received prope	r instruction on h	low to implement my	job assignment. If I
ave any problem with	implementing my a	ssigned job, I am i	nstructed to contact
y foreman immediatel	у.		
1 - 19			
fame Decar	<u> </u>	27-060	7-13-99
Signature of inma	te R	egister Number	Date

Inmate's Name: Sigger	s, Kevin	Register Numl	per: 51627-060	
Institution Code:	231	Industry Code	e: MCFT	
Job Description: Wood	working Shophand	Departs	ent: <u>Layup 1</u>	
Duties: Responsible for stac	king, cushioning and wr	apping product. Secur	es load with steel str	apping.
Responsible for visually insp	ecting all materials being			
duties as assigned in UNICO	к.			
I have instructed inma	te KEUMI L. Sigge	<u>rs Sa.</u> Reg. N	0.5/627.060	in
the proper procedures	•			
				WILCI
includes standard main	tenance, safety pr	ocedures, and ro	itine use.	
) /				
Januar .			4-12-99	
Foreman			Date	
I have received proper	instruction on ho	w to implement my	y job assignment	t. If I
have any problem with	implementing my as	signed job, I am	instructed to d	contact
my foreman immediately				
1				
			<i>(                                    </i>	
Signature of Inmate		5/627.060 egister Number	<u> </u>	
		~		

Case 1:03-cv-00355-SJM-SPB Document 70-26 Filed 02/02/2007 Page 14 of 81 FEDERAL PRISON INDUSTRIES, Inc.

UNICOR - MCKEAN

P.O. BOX 8000

Phone #(814) 362-8900 Fax #(814) 362-4151 MEMORANDUM

DATE: September 30, 1999

REPLY TO:

ATTN OF Martin Sapko, Factory Manager.

SUBJECT: Issuance of Safety Glasses

TO: New UNICOR Inmate Workers

Effective immediately, all workers who are required to wear safety glasses will be furnished one (1) pair of safety glasses, These safety glasses may e kept in the housing unit or work locker. However, regardless of where you store them, they are your responsibility and must be well be cared for. If you lose your safety glasses, \$5.00 will be deducted from your monthly UNICOR pay at the end of the month for each pair lost, Safety glasses are required for all production workers and must be worn everywhere on the factory floor.

I received one (1) pair of safety glasses on 6 - 29 - 00, and I agree to the above conditions.

Signature: Wy L. Siggens in.

Reg. Number: 5/627066

### FACTORY RULES AND REGULATIONS

. /				-	
$\nu$ .	C ','	_			
NAME A EVIN L.	- > 1CG E X S	UNIT C.A	LOCKER#	Сыт#	
				_ Cnn#	

- INMATE WORKERS ARE FORBIDDEN TO LEAVE THE DEPARTMENT TO WHICH THEY ARE ASSIGNED, UNLESS THEY 1. RECEIVE PERMISSION FROM THEIR FOREMAN OR SUPERVISOR. WHEN ENTERING ANOTHER DEPARTMENT, THEY MUST REPORT IMMEDIATELY TO THE SUPERVISOR IN CHARGE. INMATE WORKERS ON CALL-OUT MUST NOTIFY THEIR FOREMAN OR SUPERVISOR PRIOR TO LEAVING ON A CALL-OUT, AND ONCE THEY RETURN FROM A CALL-OUT.
- 2. ALL INMATES MUST WEAR STEEL TOE SAFETY SHOES WHILE WORKING IN UNICOR.
- 3. SAFETY GLASSES MUST BE WORN AT ALL TIMES WHILE IN THE FACTORY.
- 4. HEARING PROTECTION MUST BE WORN AT ALL STATIONS DESIGNATED AS HIGH NOISE LEVEL AREAS.
- 5. INMATES WILL PREFORM ANY ASSIGNED DUTIES GIVEN TO THEM BY ANY FOREMAN OR SUPERVISOR.
- INMATE WORKERS WILL ONLY PERFORM TASKS THAT ARE ASSIGNED TO THEM. OPERATING ANY MACHINERY OR 6. EQUIPMENT, OR PERFORMING ANY OPERATION THAT HAS NOT BEEN SPECIFICALLY ASSIGNED BY A SUPER-VISOR IS STRICTLY FORBIDDEN AND WILL BE SUBJECT TO AN INCIDENT REPORT.
- 7. OPERATING ANY EQUIPMENT WITHOUT USING THE SAFETY GUARDS PROVIDED, OR REMOVAL OF SAID GUARDS IS FORBIDDEN AND SUBJECT TO DISCIPLINARY ACTION.
- 8. HORSEPLAY WILL NOT BE TOLERATED AND IS SUBJECT TO REMOVAL FROM UNICOR EMPLOYMENT.
- 9. FORKLIFT OPERATORS ARE THE ONLY ONES AUTHORIZED TO RIDE ON THE FORKLIFTS. DO NOT RIDE ON THE FORKLIFTS OR PALLET-TRUCKS.
- REPORT ALL SAFETY HAZARDS TO YOUR SUPERVISOR IMMEDIATELY. DO NOT CONTINUE TO WORK UNDER 10. UNSAFE CONDITIONS.
- 11. ALL INJURIES, NO MATTER HOW MINOR, SHOULD BE REPORTED TO YOUR SUPERVISOR IMMEDIATELY.
- 12. ALL INMATE WORKERS ARE PROHIBITED FROM BRINGING PERSONAL PROPERTY INTO, OR TAKING UNAUTHORIZED ITEMS OUT OF, UNICOR.
- 13. THE FABRICATION OR REPAIR OF PERSONAL ITEMS ON GOVERNMENT EQUIPMENT IS AGAINST THE REGULATIONS AND IS PROHIBITED IN THE UNICOR FACTORY.
- 14. THERE WILL BE ABSOLUTELY NO SMOKING IN THE FACTORY, EXCEPT IN DESIGNATED AREAS. ANY VIOLATION OF THIS RULE WILL RESULT IN AN IMMEDIATE INCIDENT REPORT AND POSSIBLE DISMISSAL FROM UNICOR EMPLOYMENT.
- 15. WORK STOPS 10 MINUTES PRIOR TO LUNCH FOR TOOL CALL AND WASH UP, AND 20 MINUTES PRIOR TO RECALL FOR TOOL CHECK IN, AREA CLEAN UP, AND TO WASH UP.
- 16. INMATES WHO RECEIVE A DISCIPLINARY SEGREGATION SANCTION ARE SUBJECT TO TERMINATION FROM UNICOR EMPLOYMENT, AND WILL BE PLACED ON THE NON-PRIORITY UNICOR WAITING LIST.
- 17. INMATES WHO HAVE TRANSFERRED FROM ANOTHER INSTITUTION DUE TO DISCIPLINARY REASONS WILL BE PLACEDON THE NON-PRIORITY UNICOR WAITING LIST.

I understand the above rules and regulations, and understand that disregard for any of the above shall constitute a reason for my termination from UNICOR Employment.

Register No: 5 1627060 Date: 6-29-00

FEDERAL CORRECTIONAL INSTITUTION HOSPITAL FOLMCKEAN, PA	TO: ALL CONCERNED (15/00)  TO: ALL CONCERNED (15/00)  INMATE'S NAME: STATUS: (Check one and answer questions)	8/1/8	THRU 12 MIDNIGHT 19— ) TOTALLY DISABLED: No Le muth, Physician Assistant  Physician or Physician Assistant	DEFINITIONS AND INSTRUCTIONS    DEFINITIONS AND INSTRUCTIONS   DEFINITIONS AND INSTRUCTIONS
	TO: ALL C INMATE'S For Medical	() IDLE: R () CONVA () RESTR	() <u>TOTALI</u> () FULL D	IDLE STATUS - t call, visits and ca CONVALESCENT and may not part HESTRICTED DI TOTALLY DISABL FULL DUTY - No



# UNICOR Industrial Employment/IPRS Action Report

Tederal Francisco Inc.	
1. Type Of Report: UNICOR Action = 1 IPRS Action = 2	Both = 3
2. If UNICOR Action Enter 1 For Newly Hired, Complete Ite Enter 2 For Change in Employment S Enter 3 For Termination Of Employment	
3. If IPRS Action Enter 2 For Enrollment, Complete Iter Enter 3 For Completion, Complete Ite Enter 4 For Withdrawal, Complete Ite	ems 4 - 6, 19
4. Register Number 5. Resident Name (Last, Firs	t, Middle) 6. Institution Code
Action Recommended	
From:  7. Job 8. Grade 9. Industry 10. Wage 11. Dot Number 1 · 4 Code Plan Code	12. Position Title
012 3 45 7 2 7 6 9 6 8 6 0 5 4	HD HRK SHOP HAND
1 = Hourly 2 = G.P.W. X = Appren	tice
To: 3 = P.W.  13. Job 14. Grade 15. Industry 16. Wage 17. Dot Number 1 - 4 . Code Plan Code	18. Position Title
19. Effective Date 20. Time Of Action	21. Check One: AM PM
Month, Day, Year	x L
22. Reason For Termination Of Employment Or Withdrawal  1 = Released 2 = Transferred 3 = Program Change 5 = Program Discontinued 6 = Control Purposes 7 = In	4 = Inmate Request nstitutional Needs
23. Continuation of Longevity Status  1 = yes 0 = no 2 = no (For use only when termination	is for release (MR or parole).
24. Date Of Enrollment Month, Day, Year	
25. Total Inmate Hours Involved	
26. Signatures:	
Recommended By	_ Foreman Date: 4.77.8.2.
Approved By	Plant Superintendent
Approved By	Ass't Supt. Or Business Mgr. Date:
Entered On Payroll Records	Timekeeper Date:
Puringer office	Green

Distribution:

White------ Business office



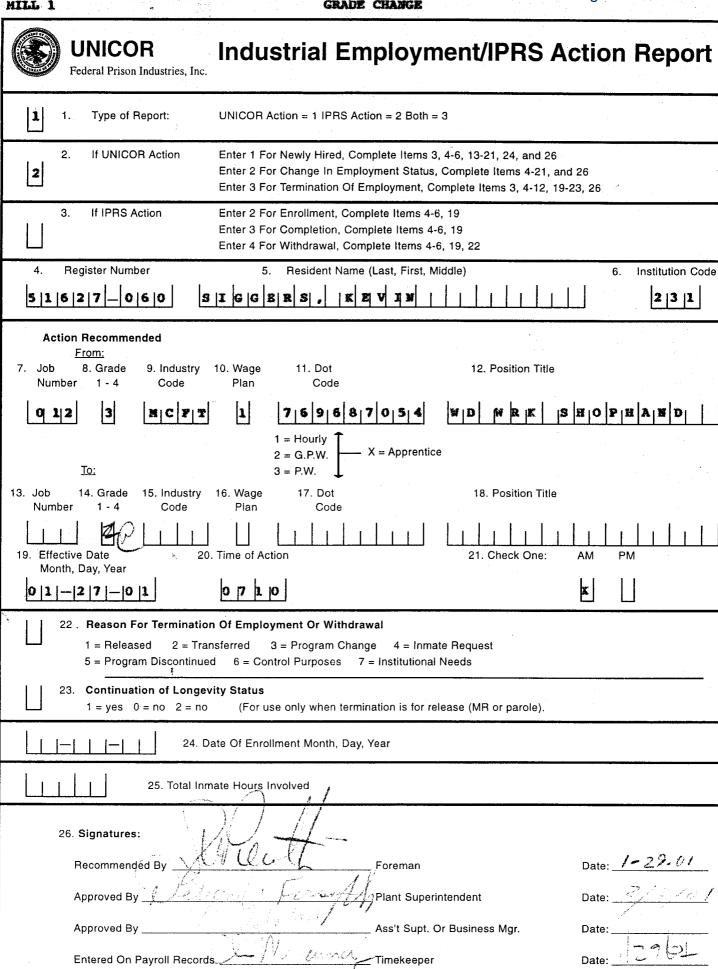
## Industrial Employment/IPRS Action Report

1. Type Of Report: UNICOR Action = 1 IPRS Ac	tion =2 Both =3
Enter 2 For Change In Emplo	mplete Items 3, 4-6, 13-21, 24, and 26 byment Status, Complete Items 4 - 21, and 26 Employment, Complete Items 3, 4 - 12, 19 - 23, 26
3. If IPRS Action Enter 2 For Enrollment, Com Enter 3 For Completion, Cor Enter 4 For Withdrawal, Con	nplete Items 4 - 6, 19
4. Register Number 5. Resident Name (I	ast, First, Middle) 6. Institution Code
Action Recommended	
From: 7. Job 8. Grade 9. Industry 10. Wage 11. Dot Number 1 - 4 Code Plan Code	12. Position Title
111 7 40 9 9 2 15 5 1	
1 = Hourly 2 = G.P.W. X =	Apprentice
$\frac{\text{To:}}{}$ 3 = P.W.	
13. Job 14. Grade 15. Industry 16. Wage 17. Dot Number 1 4 Code Plan Code	18. Position Title
19. Effective Date  Month, Day, Year  20. Time Of Action	21. Check One: AM PM
2 - 2 - 4 - 0 - 2 - 0	X L
22. Reason For Termination Of Employment Or Withdrawal	
1 = Released 2 = Transferred 3 = Program Ch 5 = Program Discontinued 6 = Control Purposes	ange 4 = Inmate Request 7 = Institutional Needs
23. Continuation of Longevity Status  1 = yes 0 = no 2 = no (For use only when ten	mination is for release (MR or parole).
24. Date Of Enrollment Month, Day, Ye	ar
25. Total Inmate Hours Involved	
26. Signatures:	
· · · · · · · · · · · · · · · · · · ·	Foreman Date:
Approved By	Plant Superintendent Date:
Approved By	Ass't Supt. Or Business Mgr. Date:
Entered On Payroll Records	Timekeeper Date:
PI Revised Form 96 WhiteBusine	ss office GreenPlacement

Distribution:

Canary------ Terminal operator

--- Foreman



U	N	IC	O	R	

UNICOR Industries, Inc.	ustrial E	mploym	nent/IPRS A	Action	Report
1. Type of Report: UNICOF	R Action = 1 IPRS	Action = 2 Both =	3		
Enter 2	For Change In Em	ployment Status,	, 4-6, 13-21, 24, and 26 Complete Items 4-21, a complete Items 3, 4-12, 1	and 26	:
Enter 3	For Enrollment, Co For Completion, Co For Withdrawal, Co	omplete Items 4-	6, 19		
4. Register Number  5 1 6 2 7 - 0 6 0	1 1 1	ne (Last, First, M	iddle)	6.	Institution Code
Action Recommended From:					118-12
7. Job 8. Grade 9. Industry 10. Wage Number 1 - 4 Code Plan	11. Dot Code		12. Position Title		
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<u>To:</u>	1 = Hourly 2 = G.P.W. 3 = P.W.	– X = Apprentice	•		•
13. Job 14. Grade 15. Industry 16. Wage Number 1 - 4 Code Plan	17. Dot Code		18. Position Title		
19. Effective Date 20. Time of A	7   5   9   6   8 Action	7 9 5 4	₩ D N R K 21. Check One:	S HOPH	
1 0 - 2 9 - 0 0	1 0			x	]
22 . Reason For Termination Of Emp  1 = Released 2 = Transferred  5 = Program Discontinued 6 = C	3 = Program Cha				
23. Continuation of Longevity Status 1 = yes 0 = no 2 = no (For		mination is for re	ease (MR or parole).		
24. Date Of En	rollment Month, Da	y, Year			
25. Total Inmate Hours	s Involved				
26. Signatures:	4				16.12.03
Recommended By	I All	Foreman		Date:	<u>(17.75-60)</u> (17.75-6
Approved ByApproved By	han	Plant Superio	ntendent Or Business Mgr.	Date:	<u>angara</u> Alfra
Entered On Payroll Records	Marie	Timekeeper	n Dusiness Myr.	Date: Date: <u>/ /</u>	16/w.

FPI Form 96 (9/98)

Distribution:

White (Business Office)

Canary (Terminal Operator)

Pink (Placement)

Goldenrod (Foreman)

#### **CERTIFICATION FOR EQUIPMENT**

#### **DEPARTMENT FOREMAN**

I have instructed Inmate:	Siggers, Kevin	Reg. No.	51627-060
in the proper operation of the	:* CNC ANDI TRAINEE		
including safety procedures,	routine use, and standard maintenance.		
		Chuc	k Nolan
		Fo	reman
		Date:	2/18/03
		Dept: 1	Mill 1

#### **INMATE**

I have received the proper instructions on how to operate the above mentioned equipment. In case of a situation in which I have little or no knowledge about this occurrence, I am to contact my Foreman immediately to rectify any problems.

Signature of Inmate

Reg. No. \_ 5 /

2-18-03

#### FACTORY FOREMAN

I have observed the above inmate operating the equipment described above during my daily inspections of the factory and find that he is consistently observing proper procedures.

Factory Foreman .

I have instructed Inmate

Reg. No.

51627-060

Factory Foreman

UNICOR, Federal Prison Industries, Inc. Federal Correction Institution McKean, PA 16701

#### **CERTIFICATION FOR EQUIPMENT**

#### **DEPARTMENT FOREMAN**

Siggers, Kevin

in the proper operation of the: PANEL SAW Z-32 (SCMI)
including safety procedures, routine use, and standard maintenance.
Foreman
Date: 1-3/-02
Dept: Mill 1
INMATE
have received the proper instructions on how to operate the above mentioned equipment. In case of a
situation in which I have little or no knowledge about this occurrence, I am to contact my Foreman
mmediately to rectify any problems.
Signature of Inmate
Reg. No. 5/627060
1/31/02
FACTORY FOREMAN

I have observed the above inmate operating the equipment described above during my daily inspections of

the factory and find that he is consistently observing proper procedures.

Inmate's Name: Siggers, Kevin	Register Number: 51627-060
Institution Code: 231	
#2.	
Job Description: Saw Operator (Z-32 Panel Sav	w) Department: Mill 1
Duties: Responsible for the proper set-up and saf particleboard for the fabrication of work surfaces, dra for the quantity and quality of all parts produced. All	wer fronts, end panels and other parts. Responsible
I have instructed inmate Siggers, Kevin	
includes standard maintenance, safety pr	ocedures, and routine use.
Foreman	Date
have received proper instruction on ho	w to implement my job assignment. If I
have any problem with implementing my as	signed job, I am instructed to contact
ny foreman immediately.	<u>27060</u> _3-15-02
Signature of Inmate / Reg	ister Number Data

#### **CERTIFICATATION FOR EQUIPMENT**

#### **DEPARTMENT FOREMAN**

I have instructed inmate:	Kevin Siggers	Reg. No:	51627-060
in the proper use of the:	Tennon Machine		
including safety procedure	es, routine use, and standard maintenance.		
		Ch	Foreman

Date: July 14, 2003 Department: Mill 1

#### **INMATE**

I have received the proper instructions on how to operate the above-mentioned equipment. In case of a situation in which I have little or no knowledge about this occurrence, I am to contact my Foreman immediately to rectify any problems.

Signature of Inmate

Reg. No. 5/62701

#### **FACTORY FOREMAN**

I am certain that the above inmate is qualified for operating the equipment listed above and that he understands the proper and safe procedures that are necessary for the operation of the equipment.

Factory Foreman

UNICOR Industrial Employment/IPRS Action Report
1. Type of Report: UNICOR Action = 1 IPRS Action = 2 Both = 3
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3. If IPRS Action Enter 2 For Enrollment, Complete Items 4-6, 19 Enter 3 For Completion, Complete Items 4-6, 19 Enter 4 For Withdrawal, Complete Items 4-6, 19, 22
4. Register Number 5. Resident Name (Last, First, Middle) 6. Institution Code
5 1 6 2 7 0 6 0 SII G G E R S, K E V I N 1 1 2 3 1
Action Recommended
<u>From:</u> 7. Job 8. Grade 9. Industry 10. Wage 11. Dot 12. Position Title Number 1 - 4 Code Plan Code
0   1   2   4   M   C   F   T   1   7   6   9   6   8   7   0   5   4     W   D     W   R   X     S   H   O   P   H   A   M   D
To:       3 = P.W.       ↓         13. Job       14. Grade       15. Industry       16. Wage       17. Dot       18. Position Title         Number       1 - 4       Code       Plan       Code
19. Effective Date 20. Time of Action 21. Check One: AM PM Month, Day, Year
0 5 - 2 9 - 0 0 0 7 1 0
22 . Reason For Termination Of Employment Or Withdrawal  1 = Released 2 = Transferred 3 = Program Change 4 = Inmate Request  5 = Program Discontinued 6 = Control Purposes 7 = Institutional Needs  23. Continuation of Longevity Status  1 = yes 0 = no 2 = no (For use only when termination is for release (MR or parole).
24. Date Of Enrollment Month, Day, Year
25. Total Inmate Hours Involved
26. Signatures:
Recommended By Chul - Melo Foreman Date: 7-3-30
Approved By Plant Superintendent Date:
Approved By Ass't Supt. Or Business Mgr. Date:
Entered On Payroll Records Timekeeper Date:

BP-S148.070 INMATE REQUEST TO STAFF MEMBER COFFRM UNITED STATES DEPARTMENT OF JUSTICE FEDERAL BUREAU OF PRISONS MR. PIGROTTA (Name and Title of Officer) State completely but briefly the problem on which you desire assistance and what you think should be done (Give details). Would like My Jod Changed to ical Boring Machine on the ASSEMBLY SPOKE to MR. NOLAN AND WAS HSSEMBLU (Use other side of page if more space is needed) IN C-Siggers Sr. NAME: NO.: 5/627-060 LAYUP I WORK ASSIGNMENT: NOTE: If you follow instructions in preparing your request, it can be disposed of more promptly and intelligently. You will be interviewed, if necessary, in order to satisfactorily handle your request. Your failure to specifically state your problem may result in no action being taken. Do not write in this space) 5-19-29 DATE OK WITH AN

Record Copy - File; Copy - Inmate

(This form may be replicated via WP) Replaces BP-148 of Oct 86

# UNICOR FACTORY RULES AND SAFETY REGULATIONS FOR INMATE WORKERS

Name: Keun L.	Siggens SR.	Unit: ₹ 4	_Locker#	Chit #

- 1) INMATE WORKERS ARE <u>FORBIDDEN</u> TO LEAVE THE DEPARTMENT TO WHICH THEY ARE ASSIGNED, UNLESS THEY RECEIV PERMISSION FROM THEIR FOREMAN OR SUPERVISOR. WHEN ENTERING ANOTHER DEPARTMENT, THE INMATE MUS IMMEDIATELY REPORT TO THE SUPERVISOR IN CHARGE, INMATE WORKERS ON CALL-OUT MUST NOTIFY THEIR FOREMAN OF SUPERVISOR PRIOR TO LEAVING ON A CALL-OUT, AND ONCE THEY RETURN FROM A CALL-OUT.
- 2) ALL INMATES MUST WEAR STEEL TOE SAFETY SHOES WHILE WORKING IN UNICOR.
- SAFETY GLASSES MUST BE WORN AT ALL TIMES WHILE IN THE FACTORY.

NAME:

- 4) HEARING PROTECTION MUST BE WORN AT ALL WORK STATIONS THAT ARE DESIGNATED AS HIGH NOISE LEVEL AREAS.
- 5) INMATES SHALL PERFORM ANY ASSIGNED DUTIES GIVEN TO THEM BY ANY FOREMAN OR SUPERVISOR.
- 6) INMATE WORKERS SHALL ONLY PERFORM TASKS THAT ARE ASSIGNED TO THEM. OPERATING ANY MACHINERY OR EQUIPMENT OR PERFORMING ANY OPERATION THAT HAS NOT BEEN SPECIFICALLY ASSIGNED BY A FOREMAN OR SUPERVISOR, IS STRICTLY FORBIDDEN. VIOLATORS SHALL BE SUBJECT TO DISCIPLINARY ACTION.
- 7). OPERATING ANY EQUIPMENT WITHOUT USING THE SAFETY GUARDS PROVIDED, OR THE REMOVAL OF ANY SAFETY GUARDS IS FORBIDDEN. FAILURE TO COMPLY SHALL RESULT IN DISCIPLINARY ACTION.
- 8) HORSE PLAY WILL NOT BE TOLERATED AND VIOLATORS ARE SUBJECT TO REMOVAL FROM UNICOR EMPLOYMENT.
- 9) DESIGNATED FORKLIFT OPERATORS ARE THE ONLY INDIVIDUALS AUTHORIZED TO OPERATE THE FORKLIFT. DO NOT RIDE OF THE FORKLIFT OR PALLET TRUCKS.
- 10) REPORT ALL SAFETY HAZARDS TO YOUR WORK SUPERVISOR IMMEDIATELY. DO NOT CONTINUE TO WORK UNDER UNSAFE CONDITIONS.
- 11) ALL INJURIES, NO MATTER HOW MINOR, SHOULD BE REPORTED TO YOUR SUPERVISOR IMMEDIATELY.
- 12) ALL INMATE WORKERS ARE <u>PROHIBITED</u> FROM BRINGING ANY PERSONAL PROPERTY INTO UNICOR OR REMOVING UNAUTHORIZED ITEMS FROM THE UNICOR FACTORY.
- 13) THE FABRICATION OR REPAIR OF PERSONAL ITEMS ON UNICOR EQUIPMENT IS AGAINST REGULATIONS AND IS STRICTLY PROHIBITED.
- 14) THERE WILL BE ABSOLUTELY <u>NO SMOKING</u> IN THE FACTORY, EXCEPT IN THE DESIGNATED SMOKING AREAS. ANY VIOLATION OF THIS RULE SHALL RESULT IN IMMEDIATE DISCIPLINARY ACTION AND POSSIBLE DISMISSAL FROM UNICOR EMPLOYMENT.
- 15) WORK STOPS TEN (10) MINUTES PRIOR TO LUNCH FOR WASH UP, AND TWENTY (20) MINUTES PRIOR TO RECALL FOR TOOL CHECK IN, AREA CLEAN UP, AND TO WASH UP.
- 16) INMATES WHO RECEIVE A <u>DISCIPLINARY SEGREGATION</u> SANCTION ARE SUBJECT TO TERMINATION FROM UNICOR EMPLOYMENT, LOSS OF LONGEVITY, LOSS OF GRADE AND SHALL BE PLACED ON THE NON-PRIORITY UNICOR WAITING LIST.
- 17) INMATES WHO HAVE BEEN DISCIPLINARY TRANSFERRED FROM ANOTHER INSTITUTION SHALL BE PLACED ON THE NON-PRIORITY UNICOR WAITING LIST.

		<del></del> -						
•	•	٠.		,		•		
		•						
UNDERSTAND THE ABOVE RULES AND F	GULATIONS, AND UNDERSTAND	THAT	DISSEGASO	FOR	a NEV	OF THE	ABOVE	SHALL
CONSTITUTE A REASON FOR MY TERMINA	ON FROM UNICOR FMPLOYMENT	-	5101 0004 00	. 50	Z41 1	01-1112		عاد تحديد
11 / / 2								
1// / V · ·	n							

REG. # 51627-060

DATE: 3 2290

# RAN

F.P.I. MCKEAN, PA

DATE:

N OF: Debora Forsyth, Factory Manager

TECT: Issuance of Safety Glasses

TO: New UNICOR Inmate Workers

Effective immediately, all workers who are required to wear safety glasses will be furnished one (1) pair of safety glasses. These safety glasses may be kept in the housing unit or work locker. However, regardless of where you store them, they are your responsibility and must be well be cared for. If you lose your safety glasses, \$5.00 will be deducted from your monthly UNICOR pay at the end of the month for each pair lost. Safety glasses are required for all production workers and must be worn everywhere on the factory floor.

I received one (1) pair of safety glasses on \_ I agree to the above conditions.

Name

Reg. Number\_\_\_\_

#### **CERTIFICATION FOR EQUIPMENT**

#### **DEPARTMENT FOREMAN**

gers, Kevin	_ Reg. No	51627-060
* CNC ANDI TRAINEE use, and standard maintenance	<del>.</del>	
		k Nolan reman
	Date: _	2/18/03
	Dept: 1	Mill 1
	* CNC ANDI TRAINEE	* CNC ANDI TRAINEE  use, and standard maintenance.  Chuc Fo  Date:

#### **INMATE**

I have received the proper instructions on how to operate the above mentioned equipment. In case of a situation in which I have little or no knowledge about this occurrence, I am to contact my Foreman immediately to rectify any problems.

Signature of Inmate

Reg. No. \_

2-18-03

#### FACTORY FOREMAN

I have observed the above inmate operating the equipment described above during my daily inspections of the factory and find that he is consistently observing proper procedures.

Factory Foreman

#### 02/2007 Page 30 of 81

14

# UNICOR McKean Federal Prison Industries, Inc. Federal Correctional Institution McKean, Pa. 16701

Inmate's Name: Siggers,	Kevin	Register Number	· · · · · · · · · · · · · · · · · · ·
Institution Code:	231	Industry Code:_	MCFT
Ž.	•		
Job Description: Router O	perator Trainee - CNC	ANDI Departmen	t: Mill 1
Duties: Responsible for learning CNC routing machine. Assists particleboard. Responsible for the in UNICOR.	CNC Operator to cut	slats, grooves, designs	or recesses in laminated
			54407.060
I have instructed inmate	Siggers, Kevin	Reg. No.	51627-060 in
the proper procedures in	n which to implem	ment his assigned	work detail, which
includes standard mainter		•	
Chier Mul			2-18-63
Foreman			Date
have received proper in	nstruction on how	to implement my j	ob assignment. If I
nave any problem with imp	lementing my ass:	igned job, I am in	structed to contact
my foreman immediately.	5162	706.0	2-18-03
signature of Inmate	Regis	ster Number	Date

Inmate's Name: Siggers, Kevin	Register Number:	51627-060
Institution Code: 231		
Job Description: Woodworking Shophan	Department	: Production
Duties: Performs any combination of the follow also inspect parts for belmishes or defects. Of	ving: cutting, cleaning, moving, stor f loads machines and fill in where i	ing or assembling. May
the quantity and quality of all parts handled. A		
I have instructed inmate <u>Siggers</u> ,	<u>Kevin</u> Reg. No.51627	7-060
in the proper procedures in which t	_	
includes standard maintenance, safe	ety procedures, and routing	e use.
2		
Charles Mula		フールーの Date
Foreman		Date
I have received proper instruction	on how to implement my jol	o assignment. If I
have any problem with implementing	my assigned job, I am inst	tructed to contact
my foreman immediately.		
Je Je Je	5/627060	7-6-00
Signature of Inmate	Register Number	Date

1.50



# Industrial Employment/IPRS Action Report

Federal Prison Industries, Inc.				
1. Type Of Report: UNICOR Action = 1 IPRS Action = 2 Both = 3				
2. If UNICOR Action Enter 1 For Newly Hired, Complete Items 3, 4-6, 13-21, 24, and 26 Enter 2 For Change In Employment Status, Complete Items 4 - 21, and 26 Enter 3 For Termination Of Employment, Complete Items 3, 4 - 12, 19 - 23, 26				
3. If IPRS Action Enter 2 For Enrollment, Complete Items 4 - 6, 19 Enter 3 For Completion, Complete Items 4 - 6, 19 Enter 4 For Withdrawal, Complete Items 4 - 6, 19 22				
4. Register Number 5. Resident Name (Last, First, Middle) 6. Institution Code 5.1.6.2.7.0.6.0 5.1.6.2.3.1				
Action Recommended				
From:  7. Job 8. Grade 9. Industry 10. Wage 11. Dot 12. Position Title  Number 1 - 4 Code Plan Code				
0,1,2				
$ \begin{array}{cccccccccccccccccccccccccccccccccccc$				
13. Job 14. Grade 15. Industry 16. Wage 17. Dot 18. Position Title Number 1 - 4 Code Plan Code				
0 1 2 4         M 4 7 1 1 7 6 9 6 8 7 0 5 4         W D W R F S 所 0 平 1 4 平 1           19. Effective Date         20. Time Of Action         21. Check One: AM PM				
Month, Day, Year  0 4 - 2 2 - 3 1 0 7 1 1				
22. Reason For Termination Of Employment Or Withdrawal				
1 = Released 2 = Transferred 3 = Program Change 4 = Inmate Request 5 = Program Discontinued 6 = Control Purposes 7 = Institutional Needs				
23. Continuation of Longevity Status  1 = yes 0 = no 2 = no (For use only when termination is for release (MR or parole).				
24. Date Of Enrollment Month, Day, Year				
25. Total Inmate Hours Involved				
26. Signatures:				
Recommended By Foreman Date: 4/3/22				
Approved By Plant Superintendent Date:				
Approved ByAss't Supt. Or Business Mgr. Date:				
Entered On Payroll Records Timekeeper Date:				

FPI Revised Form 96

Distribution:

White-------Business office Canary-------Terminal operator



# Industrial Employment/IPRS Action Report

The state of the s				
3 1. Type Of Report:	UNICOR Action = 1 IPRS Action = 2 Both = 3			
2. If UNICOR Action	Enter 1 For Newly Hired, Complete Items 3, 4-6, 13-21, 24, and 26 Enter 2 For Change in Employment Status, Complete Items 4 - 21, and 26 Enter 3 For Termination Of Employment, Complete Items 3, 4 - 12, 19 - 23, 26			
3. If IPRS Action	Enter 2 For Enrollment, Complete Items 4 - 6, 19 Enter 3 For Completion, Complete Items 4 - 6, 19 Enter 4 For Withdrawal, Complete Items 4 - 6, 19 22			
4. Register Number  5 1 6 2 7 0 6 0 S	5. Resident Name (Last, First, Middle) 6. Institution Code			
Action Recommended				
7. Job 8. Grade 9. Industry 10. Number 1 - 4 Code	0. Wage 11. Dot 12. Position Title Plan Code			
9 1 2 3 2 3	7 5 9 6 8 7 Q 5 4 N H N P R S H Q P H A H D			
	1 = Hourly 2 = G.P.W. X = Apprentice			
To:  13. Job 14. Grade 15. Industry 16  Number 1 - 4 Code	3 = P.W. 6. Wage 17. Dot 18. Position Title			
Code	Plan Code			
19. Effective Date 20. Time Month, Day, Year	Of Action 21. Check One: AM PM			
9 - 1 - 3 - 1 9 9	710			
22. Reason For Termination Of	Employment Or Withdrawal			
1 = Released 2 = Transferred 3 = Program Change 4 = Inmate Request 5 = Program Discontinued 6 = Control Purposes 7 = Institutional Needs				
23. Continuation of Longevity Status  1 = yes 0 = no 2 = no (For use only when termination is for release (MR or parole).				
24. Date C	Of Enrollment Month, Day, Year			
25. Total Inmat	te Hours Involved			
26. Signatures:	6.111			
Recommended By	Foreman Date:			
Approved By	Plant Superintendent Date:			
Approved By	Ass't Supt. Or Business Mgr. Date:			
Entered On Payroll Records	s Timekeeper Date:			
I Rowsod Form 96	White Rusiness office Green			

Distribution:

White------ Business office Canary------ Terminal operator

Pink------ Foreman

A construction of the second of

UNICOR Federal Prison Industries. Inc. Industrial Employment/IPRS Action Report
1 1. Type Of Report: UNICOR Action = 1 IPRS Action = 2 Both = 3
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4. Register Number 5. Resident Name (Last, First, Middle) 6. Institution Code    β   1   6   2   Z     10   6   0
Action Recommended  From:  7. Job 8. Grade 9. Industry 10. Wage 11. Dot 12. Position Title  Number 1 - 4 Code Plan Code
1 = Hourly 2 = G.P.W. 3 = P.W.  13. Job 14. Grade 15. Industry 16. Wage Number 1 - 4 Code Plan Code    MCFT   1 6 5 6 3 8 2 0 1 0   BORTNG   MIACH   10 PER.
19. Effective Date Month, Day, Year 10 6   10 2   1
22. Reason For Termination Of Employment Or Withdrawal  1 = Released 2 = Transferred 3 = Program Change 4 = Inmate Request  5 = Program Discontinued 6 = Control Purposes 7 = Institutional Needs
23. Continuation of Longevity Status 1 = yes 0 = no 2 = no (For use only when termination is for release (MR or parole).
24. Date Of Enrollment Month, Day, Year
25. Total Inmate Hours Involved
26. Signatures:  Recommended By
Approved By  Plant Superintendent  Date:  Approved By  Ass't Supt. Or Business Mgr.  Date:
Entered On Payroll Records

FPI Revised Form 96

Distribution:

White----

---- Business office

Green-----Placement Pink------Foreman

# Production Worker's Training Record

(CHECKLIST) for

Inmate Name	Siggers	Keuin	Reg. Number	51627-060
	,			
1.) I have had	a department orientation	on by my department super	visor.	
2.) I have read	and understand the Fa	ctory Rules and Safety Reg	gulations.	
3.) I have read	and understand the dep	partment procedures for my	y assigned area.	
4.) I have parti	cipated in the 3 credit l	hrs., Industrial Familiarizat	ion Class.	· ·
5.) Have had o	on the job training with	an experienced production	n worker.	
6.) I have read	and understand my Job	Description.		
7.) I have been	instructed on the MSD	S center in the Unicor Fac	tory.	
8.) I have famil and the role	iarized myself with IS I play in the system.	SO-9001-2000 standards, U	Jnicor McKeans Q.	M.S.,
		**************************************		
Mad xuic		(Name)	/	//- >>
Inmate Signati	ure & Reg. Number	~ 51102/10/QV	(0	Date
Charl.	n Ml		_6~/	6-03
Woodworking	Supervisor Signature		<del></del>	Date

TITLE:	TRAINING RECORD	CON	TROL NO.	1403	DATE:	6/11/03
Production -	UNICOR MCKEAN	REV:	Original	Issue	SHEET	1 OF 1

Case 1:03-cv-00355-SJM-SPB Document 70-26 Filed 02/02/2007 Page 36 of 81

## Federal Prison Industries, Inc. Federal Correctional Institution McKean, Pa. 16701

•	<b>:</b>	•	
Inmate's Name:	Siggers, Kevin	Register Numb	er: 51627-060
Institution Code:	231	Industry Code	: MCFT
Job Description:_	Wood Working Shophand	Departme	ent: Mill 1
also inspect parts for t	olemishes or defects. Off lo	g: cutting, cleaning, moving, ads machines and fills in wh other duties as assigned in U	ere needed.Responsible for
I have instructed	inmate Siggers,	Kevin Reg. No	). <u>51627-060</u> in
the proper proced	dures in which to i	mplement his assigned	d work detail, which
includes standard	maintenance, safety	procedures, and rout	line use.
amal VIO	wh		9-20-00
Foreman			Date
I have received p	roper instruction on	how to implement my	job assignment. If $\dot{I}$
nave any problem v	with implementing my	assigned job, I am i	instructed to contact
my foreman immedia	ately. $\int$		
Wia Du	ind S	1627060	9-2000
Signature of I	nmate	Register Number	Date

**JOB CHANGE** 

UNICOR Federal Prison Industries, Inc.	Industrial Employment/IPRS Action Report
2 1. Type of Report	UNICOR Action = 1 IPRS Action = 2 Both = 3
2 If UNICOR Action	Enter 1 For Newly Hired, Complete Items 3, 4-6, 13-21, 24 and 26 Enter 2 For Change in Employment Status, Complete Items 4-21, and 26 Enter3 For Termination Of Employment, Complete Items 3, 4-12, 19-23, 26
2 3. If IPRS Action	Enter 2 For Enrollment, Complete 4-6, 19 Enter 3 For Completion, Complete 4-6, 19 Enter 4 For Withdrawal, Complete 4-6, 19, 22
4. Registration Number 5 1 6 2 7 - 0 6 0	5. Resident Name (Last, First, Middle)  6. Institution Code  S I G G E R S K E V I N 2 3 1
Action Recommended  From: 7. Job 8. Grade 9. Industry  Number 1 - 4 Code  O 1 1 2 M C F T	Plan   Code
To: 13. Job 14. Grade 15. industry Number 1 - 4 Code O 1 4 2 M C F T  19. Effective Date Month, Day, Year 0 4 - 0 7 - 0 5	3= P.W.  16. Wage
	of Employment Or Withdrawal  ransferred 3 = Program Change 4 = Inmate Request  1 0 = Central Pusposes A Z. জ Jacobs শিক্ষা বিশ্ব বি
23. Continuation of Longevity  1 = yes 0 = no 2	Status = no (For use only when termination is for release (MR or parole).
2	4. Date Of Enrollment Month, Day, Year
25. Total Inn	nate Hours Involved ,
26. Signatures: Recommended By	Foreman Date: 4-7-05
Approved By	Plant Superintendent Date:
Approved By  Entered On Payroll Record	Ass't Supt. Or Business Mgr. Date:  Date: 475

FPI Form 96 (9/98)

Distribution: Business Office 2. Terminal Operator

3. Placement

4. Foreman

# UNICOR McKean Federal Prison Industries, Inc. Federal Correctional Institution McKean, Pa. 16701

## **JOB DESCRIPTION REPORT**

Inmate's Name: Siggers, Kevin	Register Numbe	er: 51627 <del>-</del> 060
Institution Code: 231		
Job Description: Woodworking Sho	phand (しゃらった) Departme	nt: Mill 1
Duties: Performs any combination of the falso inspect parts for blemishes or defects.  the quality and quantity of all parts handle	Off loads machines and fills in whe	re needed. Responsible for
I have instructed inmateSigge in the proper procedures in which		
includes standard maintenance,	safety procedures, and rout	3/24/6/
I have received proper instruct have any problem with implement		
my foreman immediately.	51627-060	8/24/01
Signature of Inmate	Register Number	Date

UNICOR, Federal Prison Industries, Inc. Federal Correction Institution McKean, PA 16701

#### **CERTIFICATION FOR EQUIPMENT**

#### **DEPARTMENT FOREMAN**

Reg. No.

51627-060

I have instructed Inmate Siggers, Kevin

in the proper operation of the: PANEL SAW Z-32 (SCMI)
including safety procedures, routine use, and standard maintenance.
Foreman
Date: 1-3/-02
Dept: Mill 1
INMATE
I de la
I have received the proper instructions on how to operate the above mentioned equipment. In case of a
situation in which I have little or no knowledge about this occurrence, I am to contact my Foreman
immediately to rectify any problems.
Signature of Inmate
Reg. No. 5/627060
1/31/00
FACTORY FOREMAN

I have observed the above inmate operating the equipment described above during my daily inspections of the factory and find that he is consistently observing proper procedures.

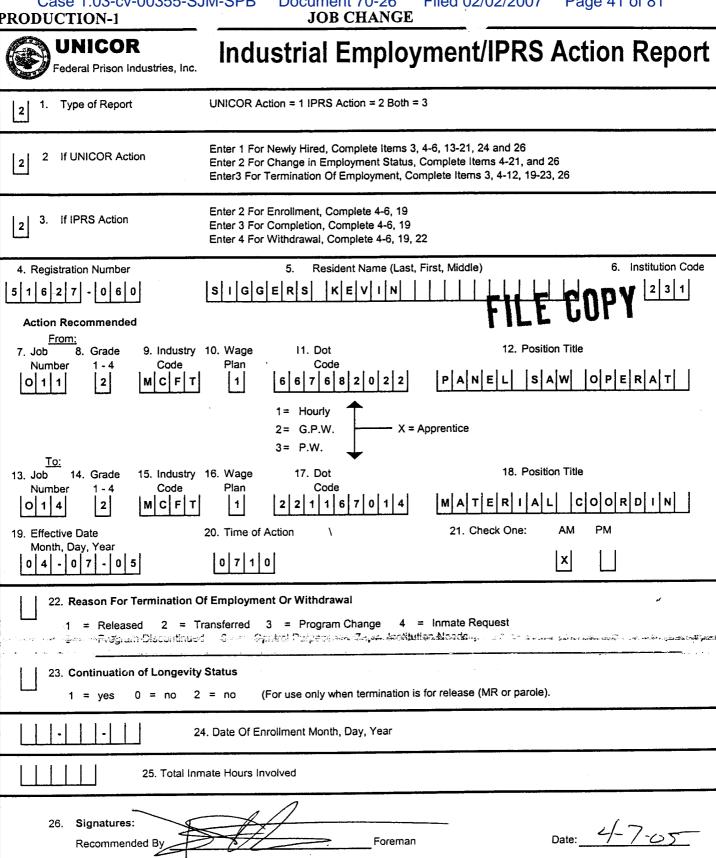
Factory Foreman

# UNICOR McKean Federal Prison Industries, Inc. Federal Correctional Institution McKean, Pa. 16701

## **JOB DESCRIPTION REPORT**

Inmate's Name: Siggers,	Kevin	Register Number:	51627-060
Institution Code:	231	Industry Code:	
NUMB	ER 2		
Job Description: Saw Opera	tor (Z-32 Panel Saw)	Department:	Mill 1
Duties: Responsible for the prop particleboard for the fabrication of for the quantity and quality of all	f work surfaces, drawer	fronts, end panels and ot	her parts. Responsible
I have instructed inmate _ the proper procedures in			
includes standard maintena			
Foreman	· · · · · · · · · · · · · · · · · · ·		7-/3-0] Date
have received proper ins	truction on how t	o implement my job	assignment. If I
nave any problem with impl	ementing my assig	ned job, I am inst	ructed to contact
ny foreman immediately.			
Mad guil Dis	51627	060	//-/ <i>}-</i> 0/
Signature of Inmate	Regist	er Number	Date

PRODUCTION-1



Entered On Payroll Record

FPI Form 96 (9/98)

Distribution:

Approved By

Approved By

1. Business Office

2. Terminal Operator

nnekeeper

Plant Superintendent

Ass't Supt. Or Business Mgr.

3. Placement

Date:

Date

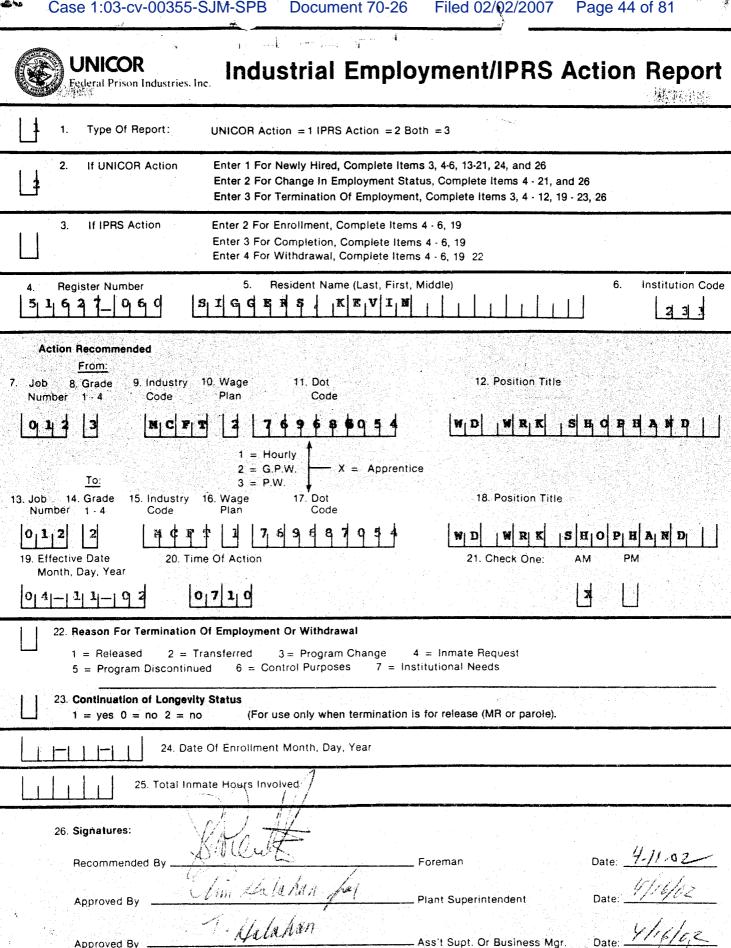
4. Foreman

Case 1:03-cv-00355-SJN	,	0-26 Filed	d 02/02/2007	Page 42 of 81
UNICOR Federal Prison Industries, Inc.	Industrial Ém		nt/IPRS A	ction Report
3 1. Type of Report:	UNICOR Action = 1 IPRS Action	on = 2 Both = 3	1.	
	Enter 1 For Newly Hired, Com Enter 2 For Change In Employ Enter 3 For Termination Of Em	ment Status, Con	nplete Items 4-21, an	
<sub> </sub>	Enter 2 For Enrollment, Compl Enter 3 For Completion, Comp Enter 4 For Withdrawal, Comp	olete Items 4-6, 19		
4. Register Number	5. Resident Name (	Last, First, Middle	e) 	6. Institution Code
<u>5 1 6 2 7 0 6 0 s</u>	IGGERS KE	VIN		231
Action Recommended From: 7. Job 8. Grade 9. Industry 1 Number 1 - 4 Code	0. Wage 11. Dot Plan Code		12. Position Title	
0 1 2 2 MCFT	3 = P.W.	O 5 4 W		BHOPHAND
13. Job 14. Grade 15. Industry Number 1 - 4 Code	16. Wage 17. Dot Plan Code		18. Position Title	
19. Effective Date 20. Month, Day, Year	Time of Action		21. Check One:	AM PM
a 1-12-04	M C F T			x L
22 . Reason For Termination  1 = Released 2 = Trans  5 = Program Discontinued	sferred 3 = Program Chang 6 = Control Purposes 7		·	
23. Continuation of Longevi 1 = yes 0 = no 2 = no	(For use only when termin	nation is for releas	e (MR or parole).	
	te Of Enrollment Month, Day,	Year		
25. Total Inm	ate Hours Involved			
26. Signatures:  Recommended By  Approved By  Approved By  Entered On Payroll Records	Don Ho Wahan Jay Waldalah Keron	_ Foreman _ Plant Superinter _ Ass't Supt. Or B _ Timekeeper		Date: 1/12/67  Date: 1/12/67  Date: 1-12-04

- 35 Feb. 14

UNICOR Federal Prison Industries, Inc.	Industrial Employme	ent/IPRS Action Repor	t
3 1. Type of Report:	UNICOR Action = 1 IPRS Action = 2 Both = 3		
2. If UNICOR Action	Enter 1 For Newly Hired, Complete Items 3, 4 Enter 2 For Change In Employment Status, C Enter 3 For Termination Of Employment, Corr	complete Items 4-21, and 26	
3. If IPRS Action	Enter 2 For Enrollment, Complete Items 4-6, Enter 3 For Completion, Complete Items 4-6, Enter 4 For Withdrawal, Complete Items 4-6,	19	
4. Register Number  5 1 6 2 7 0 6 5 0 5	5. Resident Name (Last, First, Mid	dle) 6. Institution Co	de
Action Recommended			
From: 7. Job 8. Grade 9. Industry Number 1 - 4 Code	10. Wage 11. Dot Plan Code	12. Position Title	
O 1 2 2 M C F T	1 = Hourly 2 = G.P.W. 3 = P.W.	WD WRK SHOPHAND	
13. Job 14. Grade 15. Industry Number 1 - 4 Code	16. Wage 17. Dot Plan Code	18. Position Title	,
	Time of Action	21. Check One: AM PM	
1 2 - 1 9 - 0 3	0 7 1 0	[x]	
3	n <b>Of Employment Or Withdrawal</b> sferred 3 = Program Change 4 = Inmate d 6 = Control Purposes 7 = Institutional N		
23. Continuation of Longev 1 = yes 0 = no 2 = no	rity Status (For use only when termination is for rele	ease (MR or parole).	
24. D	ate Of Enrollment Month, Day, Year		
25. Total Inn	nate Hours Involved		
26. Signatures:	0		
Recommended By	Mula Mula Foreman Foreman	Date: 13-19-03	_
Approved By	Plant Superin	tendent Date:	
Approved By	11- NI 10000000011	r Business Mgr. Date: 17/19/02	
Entered On Payroll Record	s Timekeeper	Date: 1917(9)	_

FPI Form 96 (9/98)



**Entered On Payroll Records** 

Date:

Timekeeper



## **UNICOR**

Federal Prison In	dustries. Inc.	idusiiiai Eii	ipioyineiit	APRO ACIO	A Park
1. Type Of Rep	ort: UNIC	OR Action = 1 IPRS Action	n = 2 Both = 3		
2. If UNICOR A	Enter	1 For Newly Hired, Comp 2 For Change In Employ 3 For Termination Of Em	ment Status, Complete	Items 4 - 21, and 26	
3. If IPRS Actio	Enter	2 For Enrollment, Compl 3 For Completion, Comp 4 For Withdrawal, Comp	lete Items 4 - 6, 19		
4. Register Number 5 1 1 6 2 7 - 9 6 6	s <sub> </sub> T G	5. Resident Name (La		6.	Institution Code
27、1、1、1、1、1、1、1、1、1、1、1、1、1、1、1、1、1、1、1	ndustry 10. Waç Code Plar	요하다 내용 문화가를 하고 하지만 나는 경기를 소설하시고 있으로 만들어 제공하지 않는 것을 다 했다.	12.	Position Title	
<u>To:</u> 13. Job 14. Grade 15. I		3 = P.W. ↓ je 17. Dot	Apprentice 18.	Position Title	<u>papbil</u>
0 1 2 3 19. Effective Date Month, Day, Year 0 3 -1 1 -0 2	20. Time Of Ac		سلسط لسلسا	HRK SHOP Check One: AM	<b>H A   N D      </b>
1 = Released	2 = Transferr	loyment Or Withdrawal ed 3 = Program Char b = Control Purposes			
23. <b>Continuation of</b> 1 = yes 0 = n		(For use only when term	ination is for release (N	VIR or parole).	
	24. Date Of Enr	ollment Month, Day, Year			
25.	Total Inmate Hou	urs Involved/			
26. <b>Signatures:</b> Recommended  Approved By	ev Por u	na Forse	Foreman Plant Superint	Date: tendent Date;	3-21-02
Approved By _ Entered On Pay	roll Records	Malle Mariena C  White Business	Timekeeper	Placement	3/2,/62

UNICOR Industrial Employment/IPRS Action Report
1 1. Type of Report: UNICOR Action = 1 IPRS Action = 2 Both = 3
2. If UNICOR Action Enter 1 For Newly Hired, Complete Items 3, 4-6, 13-21, 24, and 26 Enter 2 For Change In Employment Status, Complete Items 4-21, and 26 Enter 3 For Termination Of Employment, Complete Items 3, 4-12, 19-23, 26
3. If IPRS Action Enter 2 For Enrollment, Complete Items 4-6, 19 Enter 3 For Completion, Complete Items 4-6, 19 Enter 4 For Withdrawal, Complete Items 4-6, 19, 22
4. Register Number 5. Resident Name (Last, First, Middle) 6. Institution Code  5   1   6   2   7   0   6   0   S   I   G   G   B   R   S   ,   K   E   V   I   N
Action Recommended  From:  7. Job 8. Grade 9. Industry 10. Wage 11. Dot 12. Position Title  Number 1 - 4 Code Plan Code
O 1 2       3       M C F T       1       7 6 9 6 8 7 0 5 4       W D W R K S H O P H A N D           1 = Hourly 2 = G.P.W. 3 = P.W.         13. Job 14. Grade Number 1 - 4       15. Industry Code       16. Wage Plan Code       17. Dot Code       18. Position Title
19. Effective Date 20. Time of Action 21. Check One: AM PM Month, Day, Year
22 . Reason For Termination Of Employment Or Withdrawal  1 = Released 2 = Transferred 3 = Program Change 4 = Inmate Request  5 = Program Discontinued 6 = Control Purposes 7 = Institutional Needs  23. Continuation of Longevity Status  1 = yes 0 = no 2 = no (For use only when termination is for release (MR or parole).
25. Total Inmate Hours Involved
26. Signatures:  Recommended By  Approved By  Approved By  Approved By  Ass't Supt. Or Business Mgr.  Entered On Payroll Records  Date: 1-29-01  Ass't Supt. Or Business Mgr.  Date: 2751  Date: 2751

FPI Form 96 (9/98)



## Industrial Employment/IPRS Action Report

Federal Prison Industries, Inc.	to Action Report
1 1. Type of Report: UNICOR Action = 1 IPRS Action = 2 Both = 3	
2. If UNICOR Action Enter 1 For Newly Hired, Complete Items 3, 4-6, 13-21, 24, Enter 2 For Change In Employment Status, Complete Items Enter 3 For Termination Of Employment, Complete Items 3,	4-21, and 26
3. If IPRS Action Enter 2 For Enrollment, Complete Items 4-6, 19 Enter 3 For Completion, Complete Items 4-6, 19 Enter 4 For Withdrawal, Complete Items 4-6, 19, 22	
4. Register Number 5. Resident Name (Last, First, Middle)	6. Institution Code
5 1 6 2 7-0 6 0 S IG G E R S ,  K E V I N	2 3 1
Action Recommended  From:  7. Job 8. Grade 9. Industry 10. Wage 11. Dot 12. Position Number 1 - 4 Code Plan Code	on Title
0 1 2 4 M C F T 1 7 5 9 6 8 7 0 5 4 W D W R  1 = Hourly 2 = G.P.W. 3 = P.W. X = Apprentice	K SHOPHAND
13. Job 14. Grade 15. Industry 16. Wage 17. Dot 18. Position Number 1 - 4 Code Plan Code	on Title
0 1 2 3 M C F T 3 7 6 9 6 8 7 0 5 4 W D W R  19. Effective Date 20. Time of Action 21. Check	1.31  -  -  -  -              -
Month, Day, Year  1 0 - 2 9 - 0 0  0   7   1   0	x L
22 . Reason For Termination Of Employment Or Withdrawal  1 = Released 2 = Transferred 3 = Program Change 4 = Inmate Request  5 = Program Discontinued 6 = Control Purposes 7 = Institutional Needs  23. Continuation of Longevity Status	
1 = yes 0 = no 2 = no (For use only when termination is for release (MR or par	ole).
24. Date Of Enrollment Month, Day, Year	
25. Total Inmate Hours Involved	
26. Signatures:  Recommended By  Approved By  Approved By  Approved By  Approved By  Ass't Supt. Or Business Mgr.  Entered On Payroll Records  Amamay Timekeeper	Date: 10-13-00  Date: 10/11/00  Date: 10/11/00
Timoreoper	54.0.

FPI Form 96 (9/98)

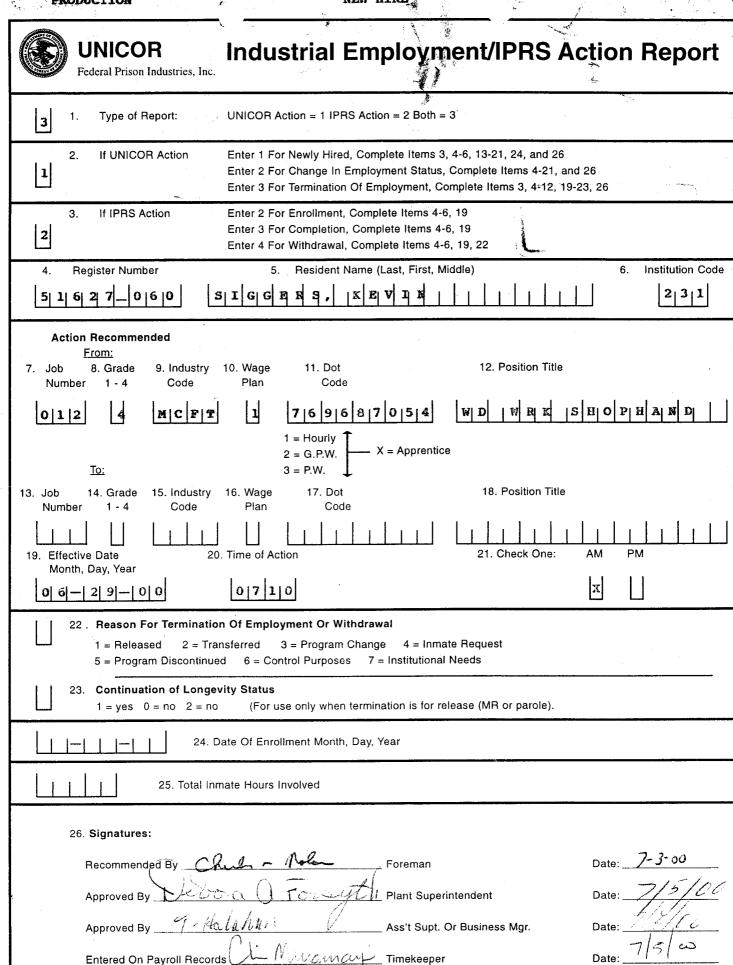
Distribution:

White (Business Office)

Canary (Terminal Operator)

Pink (Placement)

Goldenrod (Foreman)



FPI Revised Form.96 October 1, 1982

Distribution:

Entered On Payroll Records

White-

**Business office** Terminal operator Foreman

Timekeeper

Date:

O   1   2   4   M C N T   1   7   6   9   6   8   7   0   5   4   W D   W R K   S H O H H A N D   19. Effective Date Month, Day, Year   O   4   -   2   2   -   9   9   O   7   1   0   X     X
22. Reason For Termination Of Employment Or Withdrawal  1 = Released 2 = Transferred 3 = Program Change 4 = Inmate Request  5 = Program Discontinued 6 = Control Purposes 7 = Institutional Needs
23. Continuation of Longevity Status  1 = yes 0 = no 2 = no (For use only when termination is for release (MR or parole).
24. Date Of Enrollment Month, Day, Year
25. Total inmate Hours involved
26. Signatures:  Recommended By Date: 4-13-99
Approved By Deborg Forsyll Plant Superintendent Date: 4/16/99
Approved By Ass't Supt. Or Business Mgr. Date: 4/12/97
Entered On Payroll Records Ch Muramay Timekeeper Date: 4/13/99
Revised Form 96 White



## Industrial Employment/IPRS Action Report

1. Type Of Report:	UNICOR Action = 1 IPRS Action = 2 Both =	= 3	
2. If UNICOR Action	Enter 1 For Newly Hired, Complete Items 3, Enter 2 For Change In Employment Status, Enter 3 For Termination Of Employment, Co	Complete Items 4 - 21, and 26	
3. If IPRS Action	Enter 2 For Enrollment, Complete Items 4 - Enter 3 For Completion, Complete Items 4 - Enter 4 For Withdrawal, Complete Items 4 -	6, 19	
4. Register Number 5 1 6 2 7 0 6 0 s	5. Resident Name (Last, First, Midd	tle) 6	Institution Code
Action Recommended From: 7. Job 8 Grade 9 Industry 1 Number 1 - 4 Code	0. Wage 11. Dot Plan Code	12. Position Title	
	1 = Hourly 2 = G.P.W. 3 = P.W. 6. Wage 17. Dot Plan Code	18. Position Title	pdaubl.
Number 1 4 Code  19. Effective Date 20. Time Month, Day, Year	e Of Action	21. Check One: AM	PM
22. Reason For Termination O  1 = Released 2 = Tra  5 = Program Discontinue	ansferred 3 = Program Change 4 =	Inmate Request ional Needs	
23. Continuation of Longevity 1 = yes 0 = no 2 = no	Status (For use only when termination is for	release (MR or parole).	
24. Date	Of Enrollment Month, Day, Year		A.
25. Total Inma	ate Hours Involved		
26. Signatures:  Recommended By	ghell Or the Fore	eman Date:	3-23-99
Approved By  Approved By	W. I. have	t Superintendent Date: 't Supt. Or Business Mgr. Date:	3/25/99 -3/25/99
Entered On Payroll Record	C1: M	ekeeper Date	3/23/99
		Green	

FPI Revised Form 96 October 1, 1982

Distribution:

White----- Business office Canary----- Terminal operator

Filed 02/02/2007 Page 53 of 81

NOTE: THIS FORM MUST BE SU TTED 2 WEEKS IN ADVANCE.



#### REQUEST FOR INMATE VACATION

	REQUEST FOR I	NMATE VACATIO	<u>ON</u>	TOTAL 36:15
Mill-1		•		September 6, 2005
( DEPARTMENT )				(DATE)
				54007.000
NAME: SIGGERS, KEVIN (LAST)	(FIRST)		(RE	51627-060 GISTRATION NUMBER)
	<b>***</b>	ILE COF	3 <b>Y</b>	
I REQUEST TO TAKE DA	Y(S) OFF!	ITE DO.	STARTING C	N: <b>September 26, 2005</b>
	AWARD DAYS ?		The same of the	(DATE)
	AWARD DATS 7	(NO)	<u>indeparture, et d</u>	
I REQUEST TO CASH IN MY VACAT (MUST BE ANNIVERSARY DATE)	TION: (O YES)	(⊚ NO)	Ĺ	
$\Lambda \Lambda$				
INMATES SIGNATURE:	gipes X	St. Fli		
Wal	APPRO	VED BY:		
	_		1.	DEPARTMENT HEAD)
(WORK SUPERVISOR)				DEPARTMENT HEAD)
	BUSINESS OFF	ICE USE ONL	Y!!	
THE ABOVE NAMED INMATE STAR	TED UNICOR ON:	January 1	2, 2004	, AND HAS ACCUMULATED
36.15 HOURS VAC	ATION. AND	0.00	AWARD I	HOURS.
	36.15	BEGINNING HOL	JRS.	ī
į -		AWARD HOURS		į
į		ENDING HOURS	•	ļ
COMPUTED BY: Glen Rencher		REVI	EWED BY:	
(TIMEKEEPER)			(	ASCOUNTANT)
APPROVED:		DISAF	PROVED:	
·	ASE STATE REASO	NS WHY IF DISA	PPROVED. *	**
F LL.	TOL OTATE REAGO			
3				
SIGNATURE: (Superinten	ident of industries )			

CC: INMATE (1)

FACTORY OFFICE (1) **BUSINESS OFFICE (2)**  NOTE: THIS FORM MUST BE : MITTED 2 WEEKS IN ADVANCE.





### REQUEST FOR INMATE VACATION

Mill-1 (DEPARTMENT)	July 18, 2005
NAME: SIGGERS, KEVIN (LAST) (FIRST)	51627-060 (REGISTRATION NUMBER)
I REQUEST TO TAKE DAY(S) OFF!	STARTING ON: July 26, 2005 (DATE)
I REQUEST TO CASH IN MY VACATION: (O YEST (MUST BE ANNIVERSARY PATE)  INMATES SIGNATURE:	
(WORK SUPERVISOR)  APPR	ROVED BY:  (DEPARTMENT HEAD)
BUSINESS OF THE ABOVE NAMED INMATE STARTED UNICOR ON:	FICE USE ONLY!!  January 12, 2004 , AND HAS ACCUMULATED
43.30 HOURS VACATION. AND	0.00 AWARD HOURS.
43.30 0.00 43.30 COMPUTED BY: Glen Rencher (TIMEKEEPER)	BEGINNING HOURS.  AWARD HOURS USED.  ENDING HOURS.  REVIEWED BY: (ACCOUNTANT)
APPROVED:	DISAPPROVED:ONS WHY IF DISAPPROVED. * * *
SIGNATURE: (Superintendent of Industries)  CC: INMATE (1)	

FACTORY OFFICE (1) BUSINESS OFFICE (2)

F.P.I Form 39

Officer

Federal Bureau of Prisons	INMATE REQUEST TO STAFF ME
TO: MA (120)K	DATE: 4-14-05
(Name and title	of officer)
Subject: State completely but briefly the problem on which you do	esire assistance, and what you think should be done (Give de
•	· · · · · · · · · · · · · · · · · · ·
I would like to	WORK IN MILLY
NOTES DEDT. " DN	WORK IN MILL T ME FIRST TABLE KSEPIN
my gards (>) Two,	TE COUST PRETE REEPIN
THEY GULLAS COLUMN	
<del></del>	· · · · · · · · · · · · · · · · · · ·
	Thank you.
ame: SIGHERS, KEVIN	No.: 51627060
ork assignment: A.M UNICORE	Unit: CR
TE: If you follow instructions in preparing your request, it can terviewed, if necessary, in order to satisfactorily handle your request of action being taken.	be disposed of more promptly and intelligently. You will st. Your failure to specifically state your problem may re-
	Joseph Jo
SPOSITION: (Do not write in this space)	DATE:
MOURD FROM	
PROB! TO MILCI OR WITH	mil
5/5/05 0. 1/ Chenk	ma e 4-14-05
1) [10]	
EN POOR	FACTIVA \$ 4-19-05
Dr 14-0	
5/5/05 Chenk 5/5/05 Chenk 6K 4-14-05 EF	
inal - File	Officer

Case 1:03-cv-00355-SJM-SPB Document 70-26 NOTE: THIS FORM MUST BE SMITTED 2 WEEKS IN ADVANCE.

The said of the said and the said of the s



	REQUEST FOR ITALIANE VI	TAID.
DEPARTMENT		10/18/01 POU 30:00
5161	one Kevin	51627060
NAME: LAST		REGISTRATION NUMBER
I REQUEST VACATION FROM		ACH IN -por 30:0
*I REQUEST TO WORK MY VA (MUST BE ANNIVERSARY DA INMATES SIGNATURE	CATION AND RECEIVE PAY IN LIEU (	OF TAKING THE DAYS OFF
APPROVED BY:		APPROVED BY:
WOLKSUPERVISOR		DEPARTMENT HEAD
BUSINESS OFFICE:		
THE ABOVE NAMED INMATE  HAS ACCUMULATED <u>\$0.00</u> ;  AT <u>7.75</u> BAY PER MONTH  (1/2) (1)	HAS BEEN EMPLOYED IN INDUSTRIES  AY  YAY  YAY  YAY  YAY  YAY  YAY  YA	S SINCE , AND  IS PRESENTLY BEING EARNED
COMPUTED BY:	REVIEWED BY:	FINAL APPROVED BY:
_/N		-1 Natalul Jul
TIMEREPER	ACCOUNTANT	SUPERINTENDENT,
UNIT TEAM ACTION:	APPROVED:	DISAPPROVED PLEASE STATE REASONS WHY IF DISAPPROVED.
SIGNATURE		·

<sup>\*</sup>THIS REQUEST FOR PAY IN LIEU OF VACATION MAY ONLY BE MADE ON THE ANNIVERSARY DATE. (PLEASE SUBMIT FOUR (4) COPIES TO INDUSTRY BUSINESS OFFICE)

Case 1:03-cv-00355-S NOTE: THIS FORM MUST BE WEEKS IN ADVANCE.	SJM-SPB Document 70-26 MITTED 2	Filed 02/02/2007 Page 57 of 81 U.S. Department of Justi
WEERS IN ADVANCE.	_	Federal Prison Industries, In
	REQUEST FOR INMATE	vacation 8/19
POT I DEPARTMENT		8/7/04 DATE
NAME: LAST	FIRST KEUIN	5/607060 REGISTRATION NUMBER
I REQUEST VACATION FROM		2 days
*I REQUEST TO WORK MY VAC (MUST BE ANNIVERSARY DAT INMATES SIGNATURE)	ATION AND RECEIVE PAY IN LIEUE).	J OF TAKING THE DAYS OFF
APPROVED BY:	•	APPROVED BY:
WORKSUPERVISOR	_	DEPARTMENT HEAD
	IAS BEEN EMPLOYED IN INDUSTR	IES SINCE 1/12 19 2004, AND DIT IS PRESENTLY BEING EARNED
сомрутед ву:	REVIEWED BY:	FINAL APPROVED BY:
TIMEKEEPER	ACCOUNTANT	SUPERINTENDENT
UNIT TEAM ACTION:	APPROVED:	DISAPPROVED PLEASE STATE REASONS WHY I DISAPPROVED.
1		

SIGNATURE\_

<sup>\*</sup>THIS REQUEST FOR PAY IN LIEU OF VACATION MAY ONLY BE MADE ON THE ANNIVERSARY DATE. (PLEASE SUBMIT FOUR (4) COPIES TO INDUSTRY BUSINESS OFFICE)

Case 1:03-cv-00355-SJM-SRB \* Document 70-26 Filed 02/02/2007 Page 58 of 81

NOTE: THIS FORM MUST BE SULLITED 2 WEEKS IN ADVANCE.



REQUEST FOR INMATE VACATION		$\int_{\Omega} \int_{\Omega} d\Omega$	
MIII I DEPARTMENT		// //3 /C 3	37:30
51666 A	es KEVIN	51627-060	
NAME: LA	AST FIRST	REGISTRATION NUMBER	
I REQUEST VACATION FRO	VACATION AND RECEIVE PAY IN LIEU DATE).	OF TAKING THE DAVE OFF	4 37:30
(MUST BE ANNIVERSARY	DATE).	OF TAKING THE DATS OFF	<del></del>
INMATES SIGNATURE	$\frac{1}{2}$		
APPROVED BY:		APPROVED BY:	
WORK SUPERVISOR		DEPARTMENT HEAD	
	TE HAS BEEN EMPLOYED IN INDUSTRE DAY(S) VACATION. VACATION CRED		
COMPUTED BY:	REVIEWED BY:	FINAL APPROVE	D BY:
		- PAM	11 1 W
TIMEKEEPER	ACCOUNTANT	SUPERINTENDENT	
UNIT TEAM ACTION:	APPROVED:	DISAPPR PLEASE STATE REA DISAPPROVED.	OVEDASONS WHY IF
4			
SIGNATURE			

\*THIS REQUEST FOR PAY IN LIEU OF VACATION MAY ONLY BE MADE ON THE ANNIVERSARY DATE. (PLEASE SUBMIT FOUR (4) COPIES TO INDUSTRY BUSINESS OFFICE)

NOTE: THIS FORM MUST BE TITED 2 DOCUMENT 70-26
WEEKS IN ADVANCE.



### REQUEST FOR INMATE VACATION

Federal Correctional Institution Ray Brook, NY 12977

MIII 7 DEPARTMENT		6/2/63 DATE 6/16
S166ERS NAME: LAST	KEUIN	5/627-060 REGISTRATION NUMBER
I REQUEST VACATION FROM  *I REQUEST TO WORK MY VAC  (MUST BE ANNIVERSARY DAT  INMATES SIGNATURE	CATION AND RECEIVE PAY IN LIE	u of taking the days off 52,30 (As H
APPROVED BY:		APPROVED BY:
		LIES SINCE 6/25 13 <sup>2-660</sup> , AND DIT IS PRESENTLY BEING EARNED
COMPUTED BY: TIMEKEEPER	REVIEWED BY: ACCOUNTANT	FINAL APPROVED BY:  - Walk MIN M  SUPERINTENDENT
UNIT TEAM ACTION:	APPROVED:	DISAPPROVED PLEASE STATE REASONS WHY IF DISAPPROVED.
SIGNATURE		

<sup>\*</sup>THIS REQUEST FOR PAY IN LIEU OF VACATION MAY ONLY BE MADE ON THE ANNIVERSARY DATE. (PLEASE SUBMIT FOUR (4) COPIES TO INDUSTRY BUSINESS OFFICE)

Case 1:03-cv-00355-SJM-SPB Document 70-26

NOTE: THIS FORM MUST BE SU TITED 2 WEEKS IN ADVANCE.

Filed 02/02/2007 Page 60 of 81
U.S. Department of Justice
UNICOR
Federal Prison Industries, Inc.

#### REQUEST FOR INMATE VACATION

LAST FIRST  ROMTO	DATE 7:30 IV  REGISTRATION NUMBER  APPROVED BY:  DEPARTMENT HEAD  NDUSTRIES SINCE 6/29 20, AND
TO TO Y VACATION AND RECEIVE PAY Y DATE).	REGISTRATION NUMBER  IN LIEU OF TAKING THE DAYS OFF  APPROVED BY:  DEPARTMENT HEAD
TO TO Y VACATION AND RECEIVE PAY Y DATE).	REGISTRATION NUMBER  IN LIEU OF TAKING THE DAYS OFF  APPROVED BY:  DEPARTMENT HEAD
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	ON CREDIT IS PRESENTLY BEING EARNED
REVIEWED BY	FINAL APPROVED BY:
ACCOUNTANT	SUPERINTENDENT
APPROVED	DISAPPROVED  PLEASE STATE REASONS WHY IF DISAPPROVED.
	ONTH.  REVIEWED BY  ACCOUNTANT

\*THIS REQUEST FOR PAY IN LIEU OF VACATION MAY ONLY BE MADE ON THE ANNIVERSARY DATE. (PLEASE SUBMIT FOUR (4) COPIES TO INDUSTRY BUSINESS OFFICE)

Case 1:03-cv-00355-SJM-SPB Document 70-26 NOTE: THIS FORM MUST BE SU TITED 2 WEEKS IN ADVANCE.

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Page 61 of 81

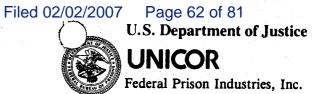
U.S. Department of Justice
UNICOR
Federal Prison Industries, Inc.

MILL		6-03-02 670
EPARTMENT	A Company of the Comp	DATE 67/30
SIGGENS	KEVIN	51627060
AME: LAST	FIRST	REGISTRATION NUMBER
REQUEST VACATION FROM_	то	V A.
REQUEST TO WORK MY VAC	ATION AND RECEIVE PAY IN LIEU OF T	TAKING THE DAYS OFF
MATES SIGNATURE	<u>4                                    </u>	
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<sup>\*</sup>THIS REQUEST FOR PAY IN LIEU OF VACATION MAY ONLY BE MADE ON THE ANNIVERSARY DATE. (PLEASE SUBMIT FOUR (4) COPIES TO INDUSTRY BUSINESS OFFICE)

Case 1:03-cv-00355-SJM-SPB Document 70-26

NOTE: THIS FORM MUST BE SU TITED 2
WEEKS IN ADVANCE.



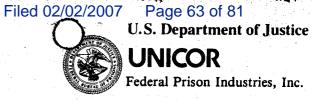
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NAME:	LAST	FIRST	REGISTRATION NUMBER	
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I REQUEST VACAT	TION FROM 1/23	TO 1/24 (12	44)	
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	1/			
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Maria				
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BUSINESS OFFICE:			<u> </u>	
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TIMEKEEPER	<del></del>	ACCOUNTANT	SUPERINTENDENT	<del></del>
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<sup>\*</sup>THIS REQUEST FOR PAY IN LIEU OF VACATION MAY ONLY BE MADE ON THE ANNIVERSARY DATE. (PLEASE SUBMIT FOUR (4) COPIES TO INDUSTRY BUSINESS OFFICE)

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NOTE: THIS FORM MUST BE SY WEEKS IN ADVANCE.

TTED 2



DEPARTMENT		9/9/01 DATE 15:00.
DEFARMENT		
SI66715 - KE		51627040
NAME: LAST	FIRST	REGISTRATION NUMBER
I REQUEST VACATION FROM_	<u> %/</u> то %/	
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W. X.	11.	
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BUSINESS OFFICE:		
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AT DAY PER MONTH		
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TIMEKEEPER	ACCOUNTANT	SUPERINTENDENT
UNIT TEAM ACTION:	APPROVED:	DISAPPROVED
		PLEASE STATE REASONS WHY IF DISAPPROVED.
SIGNATURE		
*THIS REQUEST FOR PAY IN I	LIEU OF VACATION MAY ONLY	Y BE MADE ON THE ANNIVERSARY DATE.

<sup>\*</sup>THIS REQUEST FOR PAY IN LIEU OF VACATION MAY ONLY BE MADE ON THE ANNIVERSARY DATE. (PLEASE SUBMIT FOUR (4) COPIES TO INDUSTRY BUSINESS OFFICE)

U.S. DEPARMENT	OF	JUSTICE
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U.S. DEPARMENT OF JUSTICE Federal Bureau of Prisons	INMATE REQUEST TO STAFF MEMBE
TO:  (Name and title of office Subject: State completely but briefly the problem on which you desire ass	
I would like	to switch to position you HAVE  Thanks !!!
	POSTED
Name: Signment: REUIN  Work assignment: R.M. UNICOR 9  NOTE: If you follow instructions in preparing your request, it can be di interviewed, if necessary, in order to satisfactorily handle your request. You	No.: 5/627060  Unit: 4  sposed of more promptly and intelligently. You will be
DISPOSITION: (Do not write in this space)  Ok  WITH or  Chalgen Wal  6-6-01	DATE:  PAOD I  MICC / 8/14/01

Case 1:03-cv-00355-SJM-SPB Document 70-26

NOTE: THIS FORM MUST BE SUF TTED 2 WEEKS IN ADVANCE.

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		REQUEST FOR INMATE	VACATION (6/39/c)
Prod. I			31/30
DEPARTMENT			DATE
	STEARE	Kryn.	J. 16 . 2 . 60
NAME:	LAST	FIRST	REGISTRATION NUMBER
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BUSINESS OFFICE:			
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	<u> </u>		
SIGNATURE	-		

<sup>\*</sup>THIS REQUEST FOR PAY IN LIEU OF VACATION MAY ONLY BE MADE ON THE ANNIVERSARY DATE. (PLEASE SUBMIT FOUR (4) COPIES TO INDUSTRY BUSINESS OFFICE)

Officer

Mr. PARROTT. Subject: State completely but briefly the problem on which you desire assistance, and what you think should be done (Give details). LIKE to change wonk DEPARTMENTS to get Along with my co-worker, Buts Flavor up Mr. Nolaw Said MATTER. KEUIN C. SIGGERS 5/627060 No.:\_\_\_ Work assignment: Unit: NOTE: If you follow instructions in preparing your request, it can be disposed of more promptly and intelligently. You will be interviewed, if necessary, in order to satisfactorily handle your request. Your failure to specifically state your problem may result in no action being taken DISPOSITION: (Do not write in this space) DATE:\_ MILUI PROD I

Case 1:03-cv-00355-SJM-SPB Document 70-26
NOTE: THIS FORM MUST BE SU
WEEKS IN ADVANCE.

Filed 02/02/2007 Page 67 of 81
U.S. Department of Justice
UNICOR
Federal Prison Industries, Inc.

#### REQUEST FOR INMATE VACATION

				-420
MIII I DEPARTMENT			9 20-0 DATE	15100
	SIEGIRS	Klessin	-1627-060	
NAME:	LAST	FIRST	REGISTRATION NUMBER	
I REQUEST VACATIO	ON FROM $9/85$	TO 9/97 (2 Dars	) CASH IN	
*I REQUEST TO WOR (MUST BE ANNIVER		AND RECEIVE PAY IN LIEU	U OF TAKING THE DAYS OFF	<del>18</del>
Marker St. Lines				
INMATES SIGNATUR	KE ,			
APPROVED BY:	) 4/		APPROVED BY:	
March 116	and the			
WORK SUPERVISOR			DEPARTMENT HEAD	
DUGINIESS OFFICE.			r amerikansan erikahilikan erikan kanadaran kanadakan kanadakan erika erikan kanadakan kanadakan derika deliha	
BUSINESS OFFICE:	INMATE HAS DEE	N EMDI OVED IN INDUSTD	IES SINCE 6/25 19-00, ANI	•
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SIGNATURE				
*THIS REQUEST FOR	R PAY IN LIEU OF V	JACATION MAY ONI V PE	MADE ON THE ANNIVERSARY DAT	

(PLEASE SUBMIT FOUR (4) COPIES TO INDUSTRY BUSINESS OFFICE)

U.S. DEPARTMENT OF JUSTIC Federal Bureau of Prisons

## INMATE REQUEST TO STAFF MEMBER

	DATE: 2000
TO: Mr. PEROTT, MILL I SAPERVIS.  (Name and Title of Officer)	en)
SUBJECT: State completely but briefly the problem on which you desire assistance, and what you think	
Sie I would like to change my	1 Job, to
WORK IN MILL I DEPARTMENTS I HAVE	goTTEN HAG
- PERMISSION From MR. NOTAN to Change 5	065,
	र प्रति र Alabaha e ■ anaka ga akka aka
Name: KENIN. C. Siggens Sn.	No: 5/62)060
Work Assignment: UNICORS A.M	Unit:
NOTE: If you follow instructions in preparing your request, it can be disposes of more promptly and intellig necessary, in order to satisfactorily handle your request. Your failure to specifically state your probl	ently. You will be interviewed, if em may result in no action being taken.
DISPOSITION: (Do not write in this space)	Date:
at Other ok proving pr	M PROD F TO MICCI
Original-File Canary-Inmate	0fficer
FCI Mckean Previously BP-Admin-70	BP-148(70) July 1°

### **Employee Work History**

Name: Siggers,	Kevin No	<u>#51627~060</u>	
Hire Date: 03/23	/99 Pri	or UNICOR Credit Accepted: 00 Month	_

Year: 1999

rear	ear. 1999				
	# Months	Vac Earned	Vac Used	Vac Balance	Remarks
Jan					
Feb					
Mar	1	3:45		3:45	2
Apr	2	3:45		7:30	2
May	3	3:45	POV 11:15	Ø:0D	20
Jun	4	3.45		3:45	8
Jul	5	3:45		7:30	8
Aug	6	3:45		11:15	8
Sep	7	3:45	7.30	7:30	VAC 9/27
Oct					
Nov					
Dec					

Year: 2000

	# Months	Vac Earned	Vac Used	Vac Balance	Remarks
Jan					
Feb					
Mar					
Apr					
May					
Jun					
Jul					
Aug					
Sep					
Oct		• · · · · ·			
Nov					
Dec					

Year: 2001

	# Months	Vac Earned	Vac Used	Vac Balance	Remarks
Jan		***			
Feb					
Mar					
Apr					
May					
Jun					
Jul					
Aug					
Sep					
Oct					
Nov					
Dec					

MCK2G 531.01 \* PAGE 001 OF 001 \*

INMATE HISTORY WRK DETAIL

03-22-1999

REG NO..: 51627-060 NAME....: SIGGERS, KEVIN LAMAR CATEGORY: WRK FUNCTION: PRT FORMAT:

FCL	ASSIGNMENT	DESCRIPTION	START DATE/TIM	E STOP DATE/TIME
MCK	KITCHEN AM	KITCHEN AM	01-14-1999 000	L CURRENT
MCK	IDLE	IDLE	01-13-1999 071	5 01-14-1999 0001
MCK	KITCHEN AM	KITCHEN AM	12-02-1998 000	1 01-13-1999 0716
MCK	DIN RM AM	DINING ROOM AM	11-20-1998 1348	3 12-02-1998 0001
MCK	FD SVC	FOOD SERVICE	11-19-1998 000	1 11-20-1998 1348
MCK	LAND IN 1	INSIDE LANDSCAPE FULL-TIME	11-05-1998 000	1 11-19-1998 0001
MCK	LAND IN 2	INSIDE LANDSCAPE FULL-TIME	11-04-1998 000	l 11-05-1998 0001
MCK	FACL	FACILITIES OFFICE	11-03-1998 0003	l 11-04-1998 0001
MCK	UNASSG	UNASSIGNED	10-28-1998 0003	11-03-1998 0001
MCK	A&O	ADMISSION & ORIENTATION	10-21-1998 1019	5 10-28-1998 0001
LEW	UNASSG	UNASSIGNED WORK DETAIL	10-13-1998 1923	l 10-21-1998 0516
OKL	UNASSG	UNASSIGNED HOLDOVER	09-23-1998 1800	10-13-1998 0830
ATL	UNASSG	UNASSIGNED WORK DETAIL	05-06-1998 0050	05-06-1998 0818
OKL	UNASSG	UNASSIGNED HOLDOVER	05-01-1998 1919	05-05-1998 0830
RCH	UNASSG	UNASSIGNED WORK DETAIL	03-26-1998 1851	05-01-1998 1508
OKL	UNASSG	UNASSIGNED HOLDOVER	03-18-1998 1815	03-26-1998 0920

FINA

LANUP I 3/23/99

Case 1:03-cv-00355-SJM-SPB Document 70-26 Filed 02/02/2007 Page 71 of 81

DATE: 10/28/99 07:23 INLETES NOT WORKING FOR 30 DAY.

PAGE: 1

REPORT DATE: 10/30/99 USER ID: salcl

Reg-num Fact Group Crew Name Last Lbr LT SIGGERS, KEVIN 51627-060 FT ft130 Assembly 1 09/29/99

Case 1:03-cv-00355-SJM-SPB Document 70-26 NOTE: THIS FORM MUST BE SU TITTED 2 WEEKS IN-ADVANCE.

Filed 02/02/2007

Page 72 of 81 U.S. Department of Justice **UNICOR** Federal Prison Industries, Inc.

REQUEST FOR	INMATE VACATION
	<del></del>

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		a.	3.4	
DEPARTMENT			DATE	7/14/19
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NAME:	LAST	FIRST	REGISTRATION NUMBER	
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APPROVED BY:			APPROVED BY:	
Chalantol	***		the Unit Add All	
WORK SUPERVISOR			DEPARTMENT HEAD	
1				
BUSINESS OFFICE:				
THE ABOVE NAME	D INMATE HAS B	EEN EMPLOYED IN INDUST	RIES SINCE // 1999, AND EDIT IS PRESENTLY BEING EARNED	
HAS ACCUMULATE	D 7 30 DAY(S)	-VACATION. VACATION CRI	EDIT IS PRESENTLY BEING EARNED	
AT TO TO DAY P	ER MONTH.			
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COMPUTED BY:		REVIEWEDIBI:	FINALAFROVE	/
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TIMEKEEPER		ACCOUNTANT	SUPERINTENDENT	
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UNIT TEAM ACTION	<b>v</b> :	APPROVED:		OVED
			PLEASE STATE REA DISAPPROVED.	ASONS WHY IF
	· y			2021
SIGNATURE				

\*THIS REQUEST FOR PAY IN LIEU OF VACATION MAY ONLY BE MADE ON THE ANNIVERSARY DATE. (PLEASE SUBMIT FOUR (4) COPIES TO INDUSTRY BUSINESS OFFICE)

(This form may be replicated via WP) Replaces BP-148 of Oct 86

BP-S148.070 INMATE REQUEST TO STAFF MARR 94	IEMBER CDFRM
UNITED STATES DEPARTMENT OF JUSTI	ICE FEDERAL BUREAU OF PRISONS
. 0 /0	DATE MAY 19,1999
TO: MR. PIEROTTA	
(Name and Titl	e of Officer)
SUBJECT: State completely but b desire assistance and what you thi	riefly the problem on which you nk should be done (Give details).
	Jod changed to
The Ventical Boning Machi	NE ON the ASSEMBLY
line I've spoke to MR.	NolAN AND WAS told
to have you sign this	INMATEREQUEST FORM
Rola Asino mas to MARK +1	the Assembly Dept. I thank
^	,
you for Time CONCERNING	this MATIERS.
OK OR REFUSED	
	POSTEI
<b>/</b>	
(Use other side of page i	f more space is needed)
JAME: KEUIN L-SIGGERS SR.	
IAME: 1801N C-DIGGGRS S.R.	NO.: 5/627-060
NORK ASSIGNMENT: LAY U p I	UNIT: 3,9
· '	
OTE: If you follow instructions in preparing your request,	it can be disposed of more promptly and intelligently
ou will be interviewed, if necessary, in order to sa pecifically state your problem may result in no action bei	stisfactorily handle your request. Your failure to
ISPOSITION: Do not write in this space)	7.0.00
aplit	DATE 5-19-79
Whath	LAYCIP
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	OKWITH M RSS/
	cha And
gord Copy Pillo Copy Target	Officer
cord Copy - File; Copy - Inmate	<u> </u>

# UNICOR McKean Federal Prison Industries, Inc. Federal Correctional Institution McKean, Pa. 16701

## **JOB DESCRIPTION REPORT**

Inmate's Name: Siggers, Kevin	Register Number: 51627-060
Institution Code: 231	
Job Description: Woodworking Shopha	nd Department: Layup 1
Duties: Responsible for stacking, cushioning Responsible for visually inspecting all materia duties as assigned in UNICOR.	and wrapping product. Secures load with steel strapping. Is being packed for surface defects or blemishes. All other
	Siggers Sa. Reg. No. 5/627.060 ir implement his assigned work detail, which ety procedures, and routine use.
Mm	4-12-99 Date
Freman	Date
	on how to implement my job assignment. If I
have any problem with implementing	my assigned job, I am instructed to contact
ny foreman immediately.	
Signature of Inmate	5/627060 4-12-99 Register Number Date

## Case 1:03-cv-00355-SJM-DPe-Inclustrial Trial 12/02/2007 Page 75 of 81 Roster

Date:	April	23,	1999	

Name	Number	Department	SOI	Fact.	Safety	Prod.	Work	Q.A.	Bus Of	
Davila-Bajana, Juan	47580-053	Prod 1								
Luna-Navarro, Bernardo	05659-032	Laup 1	,							
Hamilton, James	09140-055	Pack 1								
Siggers, Kevin	51627-060	Laup 1								
Kowalski, Paul	08930-055	Q.A. 1								
Carter, Claude .	19735-039	Main 1								
ALTERNATES										
Gonzalez, William	21331-038	Mill <b>2</b>		·						
Wills, Eric	52511-060	Pack 1								
		7								
:										
·										

(This form may be replicated via WP) Replaces BP-148 of Oct 86

-S148.070 INMATE REQUEST TO STAFF MEMBI	
NITED STATES DEPARTMENT OF JUSTICE	FEDERAL BUREAU OF PRISONS
	DATE 3-2/-99
// A	DATE
10: UNICON SUPERVISO (Name and Title of 0)	(ficer)
SUBJECT: State completely but brief desire assistance and what you think s	should be done (Give details)
I have the RE.  CHARENT SUPERVISOR  UNICORS FACTORY	ALEASE BY MY
CUARFAIT: SURERIUSOR	to work - 1 the
11	TO STORE IN THE
UNICONG FACTORY	
	KITCHEN SUPERVISON
	The separate some
(Use other side of page if mo	ore space is needed)
1/.	_
IAME: KEUIN L-Sigijens Siz	NO.: 51627-060
ORK ASSIGNMENT: VEG. PREP	UNIT: 3A
OTE: If you follow instructions in preparing your request, it ca ou will be interviewed, if necessary, in order to satisfac	n be disposed of more promptly and intelligently.
ou will be interviewed, if necessary, in order to satisfacecifically state your problem may result in no action being tak	cen.
ISPOSITION: Do not write in this space)	DATE 3-22-99
/	M. HENRY (ENK SUPERVI
· /	,
	m/
	All Mom.
	V SWING
cord Copy - File; Copy - Inmate	Officer

FILLULA	4,97.19
	UNICOR
	Federal Prison Industries, Inc.

## Industrial Employment/IPRS Action Report

Page 77 of 81

1. Type of Report: UNICOR Action = 1 IPRS Action = 2 Both = 3
2. If UNICOR Action Enter 1 For Newly Hired, Complete Items 3, 4-6, 13-21, 24, and 26 Enter 2 For Change In Employment Status, Complete Items 4-21, and 26 Enter 3 For Termination Of Employment, Complete Items 3, 4-12, 19-23, 26
3. If IPRS Action Enter 2 For Enrollment, Complete Items 4-6, 19 Enter 3 For Completion, Complete Items 4-6, 19 Enter 4 For Withdrawal, Complete Items 4-6, 19, 22
4. Register Number 5. Resident Name (Last, First, Middle) 6. Institution Code
5 1 6 2 7-060 SIGGERS KEVIN   2 3 1
Action Recommended
From: 7. Job 8. Grade 9. Industry 10. Wage 11. Dot 12. Position Title Number 1 - 4 Code Plan Code
0 1 2 2 M C F T 1 7 6 9 6 8 7 0 5 4 W D W R K S H O P H A N D   1 = Hourly T
$2 = G.P.W. \qquad X = Apprentice$
<u>To:</u> 3 = P.W. ↓
13. Job 14. Grade 15. Industry 16. Wage 17. Dot 18. Position Title
Number 1 - 4 Code Plan Code
19. Effective Date 20. Time of Action 21. Check One: AM PM
Month, Day, Year
(d) 11-112-04 MCFT
1 22 . Reason For Termination Of Employment Or Withdrawal
1 = Released 2 = Transferred 3 = Program Change 4 = Inmate Request
5 = Program Discontinued 6 = Control Purposes 7 = Institutional Needs
23. Continuation of Longevity Status  1 = yes 0 = no 2 = no (For use only when termination is for release (MR or parole).
24. Date Of Enrollment Month, Day, Year
25. Total Inmate Hours Involved
26. Signatures:  Recommended By Foreman Date: 1-12-03
Approved By Plant Superintendent Date:
Approved By Ass't Supt. Or Business Mgr. Date: 1/12/04
Entered On Payroll Records made 1. Terro Timekeeper Date: 1-13-04

FPI Form 96 (9/98)

Distribution:



ederal Prison Industries, Inc.

## Industrial Employment/IPRS Action Report

2 1. Type of Report	UNICOR Action = 1 IPRS Action = 2 Both = 3
L 2 If INICOR Action	Enter 1 For Newly Hired, Complete Items 3, 4-6, 13-21, 24 and 26
2 II division Action	Enter 2 For Change in Employment Status, Complete Items 4-21, and 26 Enter3 For Termination Of Employment, Complete Items 3, 4-12, 19-23, 26
2 3. If IPRS Action	Enter 2 For Enrollment, Complete 4-6, 19 Enter 3 For Completion, Complete 4-6, 19 Enter 4 For Withdrawal, Complete 4-6, 19, 22
Registration Number	5. Resident Name (Last, First, Middle) 6. Institution Code
5 1 6 2 7 - 0 6 0	S   G G E R S   K E V   N
Action Recommended  From: 7. Job 8. Grade 9. Industry Number 1 - 4 Code O 1 1 2 M C F T	10. Wage
То:	1 = Hourly 2 = G.P.W. X = Apprentice 3 = P.W.
13. Job 14. Grade 15. Industry	<del>-</del>
Number 1 - 4 Code O 1 4 2 M C F T	Plan
10. 2	20. Time of Action \ 21. Check One: AM PM
Month, Day, Year 0 4 - 0 7 - 0 5	0 7 1 0
22. Reason For Termination O  1 = Released 2 = Tr 5 = Program Discontinued	ransferred 3 = Program Change 4 = Inmate Request
23. Continuation of Longevity  1 = yes 0 = no 2	Status  = no (For use only when termination is for release (MR or parole).
24	I. Date Of Enrollment Month, Day, Year
25. Total Inm	nate Hours Involved
26. <b>Signatures:</b> Recommended By	Foreman Date: 4-7-05
Approved By	Plant Superintendent Date:
Approved By	Ass't Supt. Or Business Mgr. Date:
Entered On Payroll Record	Date: 4765

FPI Form 96 (9/98)

Distribution: 1. Business Office 2. Terminal Operator

3. Placement

4. Foreman

# UNICOR

(FCI McKean)

"Notice of unsatisfactory work Performance
To: Signers Kovin Number: 5/627-060 Date: 3/11/02
(Name: Last, First)
UNICOR McKean start date: Current Grade: Unit: CA  This is to advise you of your unsatisfactory work performance on: 3/11/2
Specifically: Immate Siggers was observed on the moduction floor.  Inghting matches. Immate Siggers was attempting to mest the plastic  tip of a cigar thing schange is unsafe because of the floring to
materials on the factory flows
Supervisor's Recommendation:
1) Written Warning
(2) Grade Reduction from $\frac{2}{3}$ ; No. of days
3) Job Change
4) Removal *
5) Other
*Third offenses, whether related acts, or not , automatically require
the recommendation for "Removal." All recommendation for "Removal must
be approved by the Superintendent of Industries.
d/d
Torate Signature Date Staff Signature Date
Inmate Signature Date Staff Signature Date
Final disposition:
()
3/11 -> HII
Superintendent of Industries Date

# UNICOR

(FCI McKean)

"Notice of Unsatisfactory Work Performance"
To: <u>Siggers, Kevir</u> Number: <u>5/627-060</u> Date: <u>3/6/02</u> (Name: Last, First)
UNICOR McKean start date: Current Grade: Unit: CA
Specifically: Manute Sigger had in his possession, AVIBTON staying called in the Unicon Factory. Donnate Siggers had signed a Rula regulation paper when he Started Unicon state that Immate Workers are prohibited from Bringing personal property int the factory (Rule # 12)
Supervisor's Recommendation:
1) Written Warning
2) Grade Reduction from to; No. of days
3) Job Change
4) Removal *
5) Other
*Third offenses, whether related acts, or not, automatically require the recommendation for "Removal." All recommendation for "Removal" must be approved by the Superintendent of Industries.    All recommendation for "Removal" must be approved by the Superintendent of Industries.    All recommendation for "Removal" must be approved by the Superintendent of Industries.    All recommendation for "Removal" must be approved by the Superintendent of Industries.    All recommendation for "Removal" must be approved by the Superintendent of Industries.    All recommendation for "Removal" must be approved by the Superintendent of Industries.    All recommendation for "Removal" must be approved by the Superintendent of Industries.    All recommendation for "Removal" must be approved by the Superintendent of Industries.    All recommendation for "Removal" must be approved by the Superintendent of Industries.    All recommendation for "Removal" must be approved by the Superintendent of Industries.    All recommendation for "Removal" must be approved by the Superintendent of Industries.    All recommendation for "Removal" must be approved by the Superintendent of Industries.    All recommendation for "Removal" must be approved by the Superintendent of Industries.    All recommendation for "Removal" must be approved by the Superintendent of Industries.   All recommendation for "Removal" must be approved by the Superintendent of Industries.   All recommendation for "Removal" must be approved by the Superintendent of Industries.   All recommendation for "Removal" must be approved by the Superintendent of Industries.   All recommendation for "Removal" must be approved by the Superintendent of Industries.   All recommendation for "Removal" must be approved by the Superintendent of Industries.   All recommendation for "Removal" must be approved by the Superintendent of Industries.   All recommendation for "Removal" must be approved by the Superintendent of Industries.   All recommendation for "Removal" must be approved by the Supe
rinar disposition:
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## FACTORY RULES AND REGULATIONS

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	•	- 1	•				

- 1. INMATE WORKERS ARE FORBIDDEN TO LEAVE THE DEPARTMENT TO WHICH THEY ARE ASSIGNED, UNLESS THEY RECEIVE PERMISSION FROM THEIR FOREMAN OR SUPERVISOR. WHEN ENTERING ANOTHER DEPARTMENT, THEY MUST REPORT IMMEDIATELY TO THE SUPERVISOR IN CHARGE. INMATE WORKERS ON CALL-OUT MUST NOTIFY THEIR FOREMAN OR SUPERVISOR PRIOR TO LEAVING ON A CALL-OUT, AND ONCE THEY RETURN FROM A CALL-OUT.
- 2. ALL INMATES MUST WEAR STEEL TOE SAFETY SHOES WHILE WORKING IN UNICOR.
- 3. SAFETY GLASSES MUST BE WORN AT ALL TIMES WHILE IN THE FACTORY.
- 4. HEARING PROTECTION MUST BE WORN AT ALL STATIONS DESIGNATED AS HIGH NOISE LEVEL AREAS.
- 5. INMATES WILL PREFORM ANY ASSIGNED DUTIES GIVEN TO THEM BY ANY FOREMAN OR SUPERVISOR.
- 6. INMATE WORKERS WILL ONLY PERFORM TASKS THAT ARE ASSIGNED TO THEM. OPERATING ANY MACHINERY OR EQUIPMENT, OR PERFORMING ANY OPERATION THAT HAS NOT BEEN SPECIFICALLY ASSIGNED BY A SUPERVISOR IS STRICTLY FORBIDDEN AND WILL BE SUBJECT TO AN INCIDENT REPORT.
- 7. OPERATING ANY EQUIPMENT WITHOUT USING THE SAFETY GUARDS PROVIDED, OR REMOVAL OF SAID GUARDS IS FORBIDDEN AND SUBJECT TO DISCIPLINARY ACTION.
- 8. HORSEPLAY WILL NOT BE TOLERATED AND IS SUBJECT TO REMOVAL FROM UNICOR EMPLOYMENT.
- 9. FORKLIFT OPERATORS ARE THE ONLY ONES AUTHORIZED TO RIDE ON THE FORKLIFTS. DO NOT RIDE ON THE FORKLIFTS OR PALLET-TRUCKS.
- 10. REPORT ALL SAFETY HAZARDS TO YOUR SUPERVISOR IMMEDIATELY. **DO NOT** CONTINUE TO WORK UNDER UNSAFE CONDITIONS.
- 11. ALL INJURIES, NO MATTER HOW MINOR, SHOULD BE REPORTED TO YOUR SUPERVISOR IMMEDIATELY.

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- 13. THE FABRICATION OR REPAIR OF PERSONAL ITEMS ON GOVERNMENT EQUIPMENT IS AGAINST THE REGULATIONS AND IS PROHIBITED IN THE UNICOR FACTORY.
- 14. THERE WILL BE ABSOLUTELY NO SMOKING IN THE FACTORY, EXCEPT IN DESIGNATED AREAS. ANY VIOLATION OF THIS RULE WILL RESULT IN AN IMMEDIATE INCIDENT REPORT AND POSSIBLE DISMISSAL FROM UNICOR EMPLOYMENT.
- 15. WORK STOPS 10 MINUTES PRIOR TO LUNCH FOR TOOL CALL AND WASH UP, AND 20 MINUTES PRIOR TO RECALL FOR TOOL CHECK IN, AREA CLEAN UP, AND TO WASH UP.
- 16. INMATES WHO RECEIVE A DISCIPLINARY SEGREGATION SANCTION ARE SUBJECT TO TERMINATION FROM UNICOR EMPLOYMENT, AND WILL BE PLACED ON THE NON-PRIORITY UNICOR WAITING LIST.
- 17. INMATES WHO HAVE TRANSFERRED FROM ANOTHER INSTITUTION DUE TO DISCIPLINARY REASONS WILL BE PLACEDON THE NON-PRIORITY UNICOR WAITING LIST.

I understand the above rules and regulations, and understand that disregard for any of the above shall constitute a reason for my termination from UNICOR Employment.